or- ite		STATE OF MARYLAND—	CERTIFICATE OF DEATH
infor state UPA		1. PLACE OF DEATH	USUSZ UNITE OF
SE SE	)	County Cluar (Mudel Cv.	Registration Dist. No. 21
item of should of OCC		Village or City Wellasties Wed-	No leveryway tofelals Wa
. 70			death occurred in a hospital or institution, five its NAME instead of street and number)
A N N I ent		Length of residence in city or town where death occurredmos	ds. How long in U.S. If of foreign birth?
RD. Every YSICIANS	1	2. FULL NAME THE UALLY	The Wal
RD XS		(a) Residence: No. (Usual place of abode)	1 - St., Wafd. If nonresident give city or town and State
REXACT ST		PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
LY.		3. SEX 4. COLOR OR RACE OR DIVORCED (worde the word)  OR DIVORCED (worde the word)	21. DATE OF DEATH May 22, 193 J
NG VEN Fed		5a. If married, widowed, or divorced	(Month) / (Day) (Year)
DIDIDIDIDIDIDIDIDIDIDIDIDIDIDIDIDIDIDI		HUSBAND ot (or) WIFE of	1 HEREBY CERTIFY, That I attended deceased from
BIND) FERMA EXA y class	4	11 1 18 2 1 18 2 1 18 2 2 1 1 1 1 1 1 1	19 7, 19 7, to 10 19 3
B PE	certificate	6. DATE OF BIRTH (month, day, and year)	I last saw h
OR atec	tific	52 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
FO S IS star	cer	8. Trade, profession, or particular kind of work done, as SPINNER,	were as follows:
ED HIS be	- 7	SAWYER, BDOKKEEPER, etc. La Vere	Broker - fully thear
LTH IIId	back	9. Industry or business In which work was done, as SILK MILL,	183
SERV NK—T should	on b	SAW MILL, BANK, atc. 11. Total time (years)	
RESER IG INK— AGE shouthat it m		Did to deceased last worked at this occupation (month and 43)	
ZAT	instructions	12. BIRTHPLACE (city or town) Baltinegre Wy.	Dther Contributory Causes of importance
ARGIN UNFADI pplied.	ruc	(State or country)	Jacob Many Miller
MARG UNFA supplied	inst	13. NAME Charteder	
	d)	13. NAME CHASTICALE  14. BIRTHPLACE (city or town) Politiman	Name of operation Data of Data of
Illy St	Ø	(State of country)	What test confirmed diagnosis? Chulcal Was there an autopsy? L
Wighter Willy in plain		15. MAIDEN NAME Magnet Julans	23. If death was due to external causes (VIOLENCE) fill in also the following:
car EH	ort	16. BIRTHPLACE (city or town) Ballmore (	Accident, suicide, or homicide? Date of injury, 19
LY,	mp	(Stata or country)	Where did injury occur? (Specify city or town, county and State)
	>	17. INFDRMANT (Address) 16-17 h Value on Am	Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
" = O		18. BURIAL, CREMATION OR REMOVAL	Manner of injury
SE	Z	Place Ballynan ampate May 24, 1925	Natura of injury
MARTIN SCAUSE	LION	19. UNDERTAKER John Ulligh	24. Was disease or injury in any way related to occupation of deceased?
N E	1-	(Address) 12008 Onlians Set	If so, specify
8	9	20. FILED 5 72 19.35 WINOSES	(Signed) (LINEA) L. WALLSON M.
P FH		Registrar.	(Address) Colored Colored

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e.g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
25			

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

CONTRACTOR AL

V.S. No

19. UNDERTAKER (Address)

state

plhoys

STATE OF MARYLAND—	CERTIFICATE OF DEATH 0508	3
1. PLACE OF DEATH	92-20	
County L. a. Co:	Registration Dist. No. 2/	
Village or City Coffvelle	NoSt.,	Ward
		do
200 11/10	Os. How long in o. s. ii of foreign bifetit	as.
	per	
(a) Residence: No. (Usual place of abode)		
PERSONAL AND STATISTICAL PARTICULARS		
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH	
Of Cold Married	(Month) (Day) (Ye	ar)
HUSBAND of	22. I HEREBY CERTIEV That I attended decease	d from
1 Sept Saper	19 to 19	4 110111
6. DATE OF BIRTH (month, day, and year) ang. 1, 1872	Hast saw h. E alive on may 13, 1935; death	Is said
7. AGE Years Months Days If LESS than	to have occurred on the dete stated above, at 10.250 m.	
62 48 9 12 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8. Trade, profession, or particular kind of work done as SPINNER	1 44 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	tonset
SAWTER, BOUNNEEPER, etc.	artano Sclarosio 1	1.1
work was done, as SILK MILL,		ilo
10. Date deceased last worked at this occupetion (month and spent in this	Cannay Thumbons:	
-P. 4	Other Contributory Causes of Importence:	
	Cuffina Victims /a	ay
E 13. NAME / POSCO Service (1)		
14. BIRTHPLACE (city or town)		7-
		no.
HE CONTRACTOR OF THE PARTY OF T		
16. BIRTHPLACE (city or town)   State or country)		
Jack Baker	(Specify city or town, county and State)	
17. INFORMANT (Address) (Address)	open, anomer injury occurred in INDUSTRY, in HOME, OF IN PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury	
Place Magroby Date May 16,1930	Nature of Injury	
19. UNDERTAKER James a Black	24. Was disease or injury in any way related to occupation of deceased?	
	County Village or City Length of residence is city or town where death occurrand forms  2. FULL NAME  (a) Residence: No.  (b) Cusual place of abode  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE OR DATE OF BIRTH (month, day, and year)  7. AGE  6. DATE OF BIRTH (month, day, and year)  8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceesed last worked at this occupation (month and year)  12. BIRTHPLACE (city or town).  (State or country)  23 13. NAME  14. BIRTHPLACE (city or town).  (State or country)  24 15. MAIDEN NAME  16. BIRTHPLACE (city or town).  (State or country)  25 16. BIRTHPLACE (city or town).  (State or country)  26 17. INFORMANT (State or country)  27. INFORMANT (State or country)  28 18. BURIAL, CREMATION, OR REMOVAL Place.  Date  D	County  Village or City  County  No.  No.  No.  No.  No.  No.  No.  No

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore Requesting U. S. No. 1.

Registrar.

If so, specify

(Signed)

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		8	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	
northornation of charge in date of buth	
y my pura marie mais, 6-29-55	

V. S. No. 1

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	MARYLAND-	CERTIFICATE OF DEATH 05084			
1. PLACE OF DEATH		(31)			
County Anne Rundel	County.	Registration Dist. No. 23			
Village or City Brooklyn	Heights.	No. 112 Audrey Av. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)			
length of recidence in city or town where death	OCCUPANT 71 WE 11 MOS	f death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrs,mosds.			
		in the long in 0.0.11 of foliage bitting 113			
	Barrett.				
(a) Residence: No. 112 Aude	(Usual place of abode)	St., Ward.  If nonresident give city or town and State			
PERSONAL AND STATISTICA		MEDICAL CERTIFICATE OF DEATH			
	SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH			
Female White	OR DIVORCED (write the word)  Married	5 71 ,193 5			
5a, If married, widowed, or divorced	and the contract of	(Month) (Day) (Year)			
HUSBANO of (or) WIFE of William Bar	rett.	22. I HEREBY CERTIFY, That I attended deceased from			
		Jac 1 ,1934 to may 20 ,193.			
7. AGE Years Months	e 21-1863.	I last saw h alive on			
	1 day,hrs.	to have occurred on the date stated above, at			
71 11	ormin.	were as follows:  One of the second of the s			
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	se Work.	In Talestiel			
9. Industry or business in which	22.20.1.10.20.20.20.20.20.1.1.1.1.1.1.1.	Replicatio: duration			
CAM SALL DANK					
10. Oate deceased last worked at this occupation (month and	11. Total time (years) spent in this	one years cars of.			
year)	occupation	Other Contributory Causes of Importance:			
	ore Md.	Suplance heart			
(State or country)					
13. NAME William Ledle 14. BIRTHPLACE (city or town) Balto	у.				
14. BIRTHPLACE (city or town) Balto	. Md.	Name of operation Rose Date of			
(State of country)		What test confirmed diagnosis?			
15. MAIDEN NAME Amelia Pur 16. BIRTHPLACE (city or town) Balti		23. If death was due to external causes (VIOLENCE) fill in also the following:			
[ 16. BIRTHPLACE (city or town) Balti	more Md.	Accident, suicide, or homicide? Date of Injury, 19			
(State of Country)		Where did injury occur? (Specify city or town, county and State)			
	rett.	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.			
(Address) 112 Audrey Av	• 11/				
	10 May 23 1935	Manner of injury			
2 111	11	Nature of Injury.			
19. UNDERTAKER () Schlowllist (Address) 10.30 France	N Score	24. Was disease or injury in any way related to occupation of deceased?			
muiss 10 sq 40 anove	MAN N	If so, specify			

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balismore, Requesting V. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		4/1	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

state 1. PLACE OF DEATH should Village or City Length of residence in city or town where death occurred. PHYSICIANS statement Charles Bedford Beltimore County (Usual place of abode) Exact PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOW OR DIVORCED (write the wo male black separate classified. 5a. If married, widowed, or divorced HUSBAND of Unkno wn (or) WIFE of 1898 6. DATE OF BIRTH (month, day, end year) certificate. properly Days If LESS 7. AGE Years Months 1 day ..... 8. Trade, profession, or particular OCCUPATION kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc ... 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... back it may 10. Date deceased lest worked at 11. Total time (yeers) See instructions on this occupation (month and spent in this so that occupation ..... 12. BIRTHPLACE (city or town) (State or country) OF DEATH in plain terms, FATHER 13. NAME 14. BIRTHPLACE (city or town) ... (State or country) MOTHER very important. 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address)

Regis

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

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(	33)	2	2/
	Registration	Dist. No.	(
	ital or institution, give its NAM in U.S. if of foreign birth?		
lst,11d Wa	rdIf nonreside	nt give city or town a	and State
MED	ICAL CERTIFICAT	E OF DEATH	
21. DATE OF D	Med Soth (Month)	(Day)	, 193(Yea
I last saw h_111	REBY CERTII	0th ,192	
	ne dete stated above, at		
were as follows:	SE OF DEATH and releted ca		Date of
General I	Paralysis of	the	
Ingane			?
Other Contributory Co	nnses of importance:		?
		_	
	liagnosIs?		
	external ceuses (VIOLENCE)		
	nomicide?		, 19.
Where did injury occ Specify whether injur	(Specify city y occurred in INDUSTRY, in	or town, county and HOME, or In PUBLIC	State) PLACE.
Manage of Injury			
Manner of Injury			
	ury in any way related to o		
If so, specify	UN Perated to acc	William of Agreeased?	93
(Address	) Cronsvill	a.	
228 TO UA )			

TION is CAUSE

18. BURIAL, PREMATION, OR REMOVAL

(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

BINDING

RESERVED

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MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH USUST
1. PLACE OF DEATH	119
County lunge truedel	Registration Dist. No. 2
Village or City Such Rever	No
Length of rasidance In city or town where death occurredyrsmos.	How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Juganyu	Joston
(a) Residence: No forth / Kiver /	est., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX.  4. COLOR OF RACE OR DIVORCED (write the word)	21. DATE OF DEATH May 70 ,193 (Month) (Day) (Year)
5a. If married, widowed, or divorted HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day, and year) While 21.34	I last saw h / Lon alive on / 1930; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 1.30f.m.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end ralated causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	1
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which	legiti ( legiti
	my mon
SAW MILL, BANK, etc	
year)	Other Centributery Causes of importanca:
12. BIRTHPLACE (city or town) bush were the	A A
(State or country)	Heart tailine
II 13. NAME MOSES KISSON	
13. NAME 1000 100 100 100 100 100 100 100 100 1	Name of operation
(Stata of country)	What tast confirmed diagnosis? Was there an autopsy?
16. BIRTHPLACE (city or town).	23. If daath was due to external ceuses (VIOLENCE) fill In also tha following:
5 16. BIRTHPLACE (city or town)	Accidant, suicida, or homicide? Data of Injury, 19
(Stata or Appellry)	Whare did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address) And Survey and	Specify whethar Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR BEMOVAL	Manner of Injury
Placa Date G. J., 19.32	Natura of Injury
19 UNDERTAKER WYN TOVSLYN' (Addrass)	24. Was disease or Injury in any way ralated to occupation of daceasad?
FIL 35 Mushla	(Signer) Land 1 M.D.
20, FILED 9 Let 19 37 Registrar.	(Address) Munapho My
If more blanks are needed, address State Registrar.	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cercbral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER	STATEMENTS	BY	PHYSICIAN
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### STATE OF MARYLAND—CERTIFICATE OF DEATH 05088

0	item of infor- should state of OCCUPA-
•	ECORD, Every PHYSICIANS cact statement
BINDING	PERMANENT REXACTLY.
FOR	IS A stated proper
MARGIN RESERVED FOR BINDING	THE UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforsy supplied. AGE should be stated EXACTLY. PHYSICIANS should state ain terms, so that it may be properly classified. Exact statement of OCCUPA-

	sho	4	
	ation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS sho	AUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of	
	. PH	Exact	
	×		
	XACTI	classified.	
	P	ly.	ite
	stated	proper	ION is very important. See instructions on back of certificate.
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1. PLACE OF DEATH	OI MAIN	ILAND	CERTIFICATE OF BEATTI	
1 4 7 4 7			Registration Dist. No.	
County Anne Arunde				Mond
Village or City Grown		11)	death occurred in a hospital or institution, give its NAME instead of street and in	
Length of residence in city or town wh	ere death occurred	yrs,2_mos	. 26 ds. How long in U.S. If of foralgn blrth?yrsmo	sds.
2. FULL NAME	Wm. Idwa	rd Dowie		
(a) Residence: No.	Frederic	k County	, lSt, r /l arWard.	
	(Usual place	of abode)	It nonresident give city or town and	State
PERSONAL AND STATI			MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE	OR DIVORCE	RRIED, WIDOWED, D (write the word)	21. DATE OF DEATH May 19th	193 5
	SI	ngle	(Month) (Day)	(Year)
5a. If married, widowed, or divorced HUSBAND of			22. I HEREBY CERTIFY, That I attended	deceased from
(or) WIFE of			February 23, 19 25 to May 19th	, 193.5
6. DATE OF BIRTH (month, day, and year)	1876		I last saw h IM alive on NEY 19th 19 35	, death is said
7. AGE Years Months	Days	If LESS than	to have occurred on the date stated above, at 1:05P.m.	
59?	Unknown	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
8. Trade, profession, or particular	27 3		General Paralysis of the	
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	Labor	er	- Insane	?
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc	~			
O 10. Data deceased last worked at	11. Total	time (years)		
this occupation (month and year)	spa occ	upation		
12. BIRTHPLACE (city or town)	Marylan	đ	Other Contributory Canses of importance:	2
(State or country)				
13. NAME Edward	Bowie			
13. NAME Edward  14. BIRTHPLACE (city or town)	Maryland		Name of operation Date of	
(State or country)			What test confirmed diagnosis? Was there an a	ulopsy?
15. MAIDEN NAME LET	y Jones		23. If death was dua to external causes (VIOLENCE) fill In also the following	:
15. MAIDEN NAME NOTE  16. BIRTHPLACE (city or town)  (State or country)	eryland		Accident, suicida, or homicide? Date of Injury	, 19
(State or country)			Where did injury occur? (Specify city or town, county and Stat	
17. INFORMANT Hospita	1 Repords		Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	ACE.
(Address) Cl'ownsv		yland		
18. BURIAL, COMMATION, OR REMOVAL Place Tourism	Quellicle	mcl.	Manner of Injury	
Place 1.00	)——/	7,190	Nature of injury	
19. UNDERTAKER	chisory	A Jon	24. Was disease or injury in any way related to accupation of decarsed?	
(Address) trecleuce	12 Table	2	If so, specify	5 M.D
20. FILED 119	90	Registrar.	Signed (Address) GLOWING Willa	
If	more blanks are needed.	4:/	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	<del>a)</del>

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

1 1

STATE OF	MARYLAND-CERTIFICATE C	OF DEATH	05089
ET A TOTAL			

1. PLACE OF DE	ATH		LAND		00000
County	Anne A	rundel		Registration Dist. No	0.7
Village or City Brookfield				Ale	The second second
Length of residence in	city or town where	death occurred	(I	St.   St.	and number)
2. FULL NAME					
(a) Residence: No.				St., Ward.	
		(Usual place		If nonresident give city or town	and State
PERSONAL A	ND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEAT	
female 4. cou	OR OR RACE	S. SINGLE, MAR OR DIVORCE	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH May 29th	102 5
5a. If married, widowed, or div HUSBAND of		Pringle-WILLIA	3.M.B.(F-	(Month) (Day)	(Year)
HUSBAND of (or) WIFE of		Single		22. I HEREBY CERTIFY, That latten 5-28 19 35 to 5-29	ded deceased from
6. DATE OF BIRTH (month, d	av and year) IJ	ovember	16. 1857		55
7. AGE Yaars	Months	Days	If LESS than	to have occurred on the data stated above, at	death is sald
17	6	13	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance	
8. Trada, profession, or	particular		ormin.	wera as rollows:	Date of onset
a. Irada, profession, or kind of work done SAWYER, BOOKKE	e, as SPINNER, EPER, etc	3		Areriosclerosis	
9 Industry or business	in which	Honzam	1.7		
work was dona, as SAW MILL, BANK,	SILK MILL,				
10. Date deceased last we this occupation (myear)	orked at onth and		me (years) It in this pation		
12. BIRTHPLACE (city or town	Bal+			Other Contributory Causes of Importance:	F 00 7
(State or country)	/	Md.		Apoplexy	5-28-3
13. NAME .T.	C. Brook	८व			
E .		Baltim	ore :		
14. BIRTHPLACE (city or t (State or country)	own)	TO T 0 . III		Name of operation Date o	
15. MAIDEN NAME	-			What test confirmed diagnosis? Was there	an autopsy?no
15. MAIDEN NAME	. Ives			23. If death was due to external causes (VIOLENCE) fill in also the follow	wing:
16. BIRTHPLACE (city or t				Accident, suicida, or homicide? Date of Injury	19
(State or country)	Conne	ecticut		Where did injury near?	
	s. Gaylo		kd	(Specify city or town, county and Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC	State) PLACE.
8. BURIAL, CREMATION, OR				Manner of Injury	
Placa Greenm	ount	Date Jun	e I 19 35		
19. UNDERTAKER Henry W. Jenkins				Nature of Injury 24. Was disease or injury In any way related to occupation of deceased?	
0. FILED V - 29.	19.3/- A	7. E.	Buer	(Signed) A G Det	M. D.
			Registrar.	(Address) asked	~ CO.

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Example I	li	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUSTAU V. S. II			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

	ADDITIONAL S	SPACE FOR FURTH	HER ŞTATEMEN	TS BY PHYS	ICIAN	
In as	Mountin	del erre	bron!	redowed	to since	6.
ren 1	lorm file	d mudel	1 server	ka, 6-6	21-35	
U	0			,		

should state OCCUPA-

Jo

3. SEX

7. AGE

UPATION

Ö

FATHER

MOTHER

5e. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and

12. BIRTHPLACE (city or town)

15. MAIDEN NAME

13. NAME

17. INFORMANT (Addrass)

19. UNDERTAKER (Address)

18. BURIAL, CREMATION, OR REMOV

infor-

	STAT	E OF	MARYLAN	D-CERTIF	ICATE	OF D	DEATH
1.	PLACE OF DEATH						

STATE OF MARYLAND-	CERTIFICATE OF DEATH 05090
PLACE OF DEATH	(a)
County Click Christian	Registration Dist. No. 25
Village or City als ses Sta nu	NoSt.,Ward
Length of residence in city or town where death occurredyrs,mos	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long In U.S. if of foralgn birth?
FULL NAME Thomas Slausberry	Brooks
(a) Residence: No Salethornae n. E and	St. Ward.
//(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
14. COLOR OR RACE  S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  The state of the s	21. DATE OF DEATH  (Month)  (Dey)  (Tear)
married, widowed, or divorced HUSBAND of (or) WIFE of	22. f HEREBY CERT (FY, Thet I attended deceased from
TE OF BIRTH (month, day, and year) Mary - 9-1920	19
Years Months Days If LESS than 1 day,hrs.	to heve occurred on the date stated above, at
8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BDOKKEEPER, etc.	were es follows:  Date of onset  Date of onset
9 Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.	a boat not invalifed. Cutor
Data deceased last worked at this occupation (month and yaar)	
(State or country)	Other Contributory Causes of Importance:
3. NAME Anas Henry Brooks	
4. BIRTHPLACE (city or town) Metchellogelle (State or country)	Name of operation Date of Date of Was there an autopsy?
5. MAIDEN NAME Maggel Chambers	23. If death wes dua to externel ceuses (VIOLENCE) fill in also the following:
6. BIRTHPLACE (city or town) Collvert Co. (State or country)	Accident, wieide, or tembelde? Drawn supete of injury may 19, 19.3.5.  Where did injury occur? Labore Alas May
FORMANT Annas Senry Dooks (Addrass) Hale Sharens, ne ave	Specify whather injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
IRIAL, CREMATION, OR REMOVAL	Manner of Injury

Natura of Injury

24. Was diseese or injury in any wey related to occupation of daceased? If so, specify

(Signed)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I			
S Date of onset	The principal cause of death as of importance were as follows:	nd related causes	Date of onset
1915	Attack of epilepsy	100	1 week ago
1921	Run over by street car	d a	1 week ago
July 5,1927	Peritonitis	2 3 3	3 days ago
		2 N 2	
	Other contributory causes of in	portance:	
May 1,1923	Gastroenteritis		1 year
		5	
40	1915 1921 July 5,1927	of importance were as follows:  1915 Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of in	of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:

STATE OF MARYLAND—CERTIFICATE OF DEATH

05091

OT,	Registration Dist, No. 2
rapolimech	No. St., Ward
in where death occurredyrsinos	Fdeath occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. If of foreign birth?
becca 74. B	lown
mapolisnec	L St., Ward.
(Usual place of abode)	If nonresident give city or town and State
ATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH may 24 193 5
ed widow	(Month) (Day) (Year)
les Brown	22. I HEREBY CERTIFY, That I attended deceased from
7 , 9 ,881	l last saw h alive on 19 death is said
onths Days II LESS than	to have occurred on the date stated above, et / / _ m A
2/ 2/ 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
ormin.	were es follows:  Natarul Causes  Date olonset
NER, Housamile	14 4 1 4 1 4 1 C A 4 3 P
ı,	artiris cleross
11. Total time (years) spent In this	Unde Diginication
occupation	Other Contributory Canses of importance:
of owner	Clarence of 2 nul 3 rd Fre
les Bush	Jangiere of Last.
AAA	Name of operation Dete of
H.A.	What test confirmed diagnosis? Was there an autopsy?
us Brown	23. if death was due to external causes (VIOLENCE) fill in also the following:
J. A	Accident, suicide, or homicide? Date of injury, 19
X X A	Where did injury occur?
la Johnson	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
The state of the s	Manner of injury
medicate fruit 27,136	Nature of injury.
	24.2 100
Amalla:	14. Was disease of shipty of any has said to cleanly of the said to clean the said the said to clean the said to clean the said to clean the said the said to clean the said t
Shurley	
Registrar.	(Signed) Touis, M. D. traus & Coroner M.D. (Ardress) Hunapolis M.d. Croner
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

OCCUPA.

Jo

1. PLACE OF DEATH  County Chrequete Registration Dist. No. 72  Village or City Ode uton No. St.	
Village or City O do a top. No	
(If death occurred in a hospital or institution, give its NAME instead of street and number)	Ward
Length of residence in city or town where death occurred yrs mos ds. How long in U.S. If of foreign birth? yrs mos mos.	ds.
(a) Residence: No. Shiple Rd - Shipled Wells Med  (Vsual place of gloode)  (Vsual place of gloode)  If nographent give city or town and State	•
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OB RACE 5. SINGLE, MARRIED, WIDOWED, OR DAYOLCED (write the word)  Sa. If married, widowed, or divorced (Mynth)  (Mynth)  (Day)  (Ye	ar)
HUSBAND of Thoda S. Paracey 22. I HEREBY CERTIFY. That I attended deceased 1.187., to 1935., 19.  6. DATE OF BIRTH (month, dayland year) July 21, 1878   11ax saw h. aliye on 1.197., to 1935., 19.  11ax saw h. aliye on 1.197., to 1.	
56 -9 -26 I day,hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	onset
8. Trade, profession, or particular kind of work done, as SPINNER SAWYER, BDDKKEEPER, etc.  9. Industry or business in which work was done, as SILK M Was done, as SIL	
12. BIRTHPLACE (city or town)  (State or counter)  13. NAME (lia, H. Braue)  Other Contributory Carries of importance (lia)  O	7

FAT 14. BIRTHPLACE (city or town) (State or country) MOTHER 15. MAIDEN NAME

(State or country)

16. BIRTHPLACE (city or town)

(Address) 18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER (Address)

If so, specify

(Signed) (Address)

23. If death was due to external causes (VIDL ENCE) fill in also the following:

Was there an autopsy?...

(Specify city or town, county and State) INDUSTRY, In HOME, or in PUBLIC PLACE

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting

Name of operation

What test confirmed diagnosis?

Where did injury occur?

Manner of Injury Nature of injury

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages. however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation. 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," ctc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death, As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arterioselerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
--	------------	-------	-----	---------	------------	----	-----------

	S	TATE OF	MAR	YLAND-	CERTIFICATE OF DEATH	05093
	1. PLACE OF DEAT				85)	001
	County Anne A	rundel			Registration Dist. No.	22
	Village or City Ne	ar Laurel,	Md.	()f	No.	St., Ward
	Length of residence in cit	ty or town where deet	th occurred	1 yrs 6 mos	death occurred in a hospital or institution, give its NAME instead of 28 ds. How long in U.S. if of foreign birth?yrs	ds.
1	2. FULL NAME Q	uincy Bull	ock			
	(a) Residence: No.D	istrict Tr			St., Ward.	****
9.00	PERSONAL AN	DETATISTIC	(Usual place		If nonresident give city or MEDICAL CERTIFICATE OF DE	
3.				RIED, WIOOWED,	21. DATE OF DEATH	AIH
	M	C		D (write the word)	May 10 (Month) (Day)	193
5e	. If merried, widowed, or divo HUSBANO of	rced				
_	(or) WIFE of				October 13, 19 33 to May 10,	19 35
	DATE OF BIRTH (month, day	, end year) ect	. 18, 1	927	I last saw him alive on May 10,	
7.	AGE Years	Months	Oays	If LESS then  1 day,hrs.	to heve occurred on the dete stated above, at 12:15Pm.	
_	7.	6	14	ormin.	The PRINCIPAL CAUSE OF DEATH and releted causes of import were as follows:	Optoploaset
LION	8. Trade, profession, or pa kind of work done, SAWYER, BOOKKEE	orticular es SPINNER, PER, etcN	lone		Lung Abscess	1935
OCCUPATION	9 Industry or business in work was done, as S SAW MILL, BANK, e	which ILK MILL, N	one			
ö	10. Oate deceased last wor this occupation (mor year)	nth and None	11. Total ti spar	me (years) nt in thi None		
12	BIRTHPLACE (city or town). (State or country)	Washingto			Other Contributory Causes of Importance:	Birth
_	(State or country)		D. C.		Idiopathic Epilepsy	Birth
IER	13. NAME John F	ox				
FATHER	14. BIRTHPLACE (city or to	wn)	Unknow	n	Name of operationNone	Oate of None
_	(State or country)				What test confirmed diagnosis? Clinical Was	
MOTHER		Jessie Bul	lock		23. If death wes due to external ceuses (VIDLENCE) fill in also the	
₩ 9	16. BIRTHPLACE (city or to (State or country)	wn)Nor	th Caro	lina	Accident, suicide, or homicide? Date of inju	
17.	.INFORMANT Record (Address) Distr	s ict Traini	ng Scho	ol	(Specify city or town, count Specify whether Injury occurred in INOUSTRY, In HDME, or In Pl	y and State) JBLIC PLACE.
18	BURIAL, CREMATION, OR R		Date Mas		Menner of injury	
19	UNDERTAKER Malva (Address) 424	R new	uf Wash.	DE	24. Wes disease or injury in eny wey related to occupation of deci	
20,	FILED May 10, 1	35 lola	na Mi	Caslufi Registrar.	(Signed) DO David (Address) Lost Ta School, de	und mgo.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921 -	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927		3 days ago
	1 40	UASAR	
Other contributory causes of importance:		Contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	10	MAIN	
	10	Gastroenterius	

V. S. No. 1 N. B.—V TION is very important. See instructions on back of certificate.

STATE OF	MARYLAND—CERTIFICATE OF DEATH	05094

1. PLACE OF D	EATH		ILAND	- 107.0
County	Anne Aru	ndel		Registration Dist. No. 2
Village or City	Crovnevi	lle Sta	te Hospit	i death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?yrs,mosds.
2. FULL NAME (a) Residence: I	a sadena,	Carrol Arunde (Usual place	1 1 County	St., Ward.  If nonresident give city or town and State
PERSONAL	AND STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH
male	black	OR DIVORCE	RRIED, WIDOWED. D (write the word) The Co	21. DATE OF DEATH  May and (Day) (Yaer)  (Month) (Day) (Yaer)
. If married, widowed, o HUSBAND of (or) WIFE of		Carrol	1	22. I HEREBY CERTIFY, Thet lattended daceesed from April 3rd 19 35, to May 2nd 19 35
DATE OF BIRTH (month) AGE Years 61	Months	Days	If LESS than I day,hrs. ormin.	to have occurred on the date stated above, at 1:45cm. It.  The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:
SAWYER, BOO	done, as SPINNER, KKEEPER, etc.	House	La company	Broncho pneumonia Bas.
9. Industry or busin work was don SAW MILL, B/ 10. Date deceased last this occupation year)	st worked at	- spa	time (years) ent in this —— upation	
BIRTHPLACE (city or (State or country)	town) Mer	rland		Other Contributory Causes of importance: Senility with general arteriosclero
13. NAME	Thomas	atts		
14. BIRTHPLACE (city (State or coun	or comm/	er /lend		Name of operation Date of Was there an autopsy?
15. MAIDEN NAME	Lizzie M	iller	in State in	23. If death was due to external ceuses (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city (State or cour	01 (0#11/	,rland		Accident, sulcide, or homicide? Date of injury, 19
. INFORMANT	Crownsvil	cords Le, Mar	Fland	(Specify city or town, county and State) Specify whather Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
B. BURIAL, CREMATION,	of REMOVAL Prime	L Date Man	1. 5-,1935	Mannar of injury
9. UNOERTAKER	Washing A SIL	arker	4. 0.1	24. Was disaase or injury in any way related to decupation of decaased?  If so, specify  (Signed)
0. (1/2 )	1/2	bunks are needed.	Hegistraf.	(Signed) M. D. (Address) M. D. M. D. (Address) M. D. M. D. M. D. (Address) M. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
The state of the s			
	23		
Other contributory causes of importance:	1000	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		1 - 1 - 1 - 1	5 <sup>1</sup> / <sub>2</sub>

PLACE OF DEAT STATE OF MARYL PHYSICIANS t statement of CERTIFICATE OF DEATH (131) Registration Dist. No. If death occurred in St.: ..... Ward) a bespital or institution, give its NAME instead Ex Z of street and number. ORD MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 6 SINGLE, class 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH stated MARRIED. WIDOWED A PERMANEN OR DIVORCED I X properly rtificate. 1 attended deceased from 6 DATE OF BIRTH May cel (Year) 0 7 AGE If LESS than 90 may 1 day, hrs. ack O The CAUSE OF DEATH \* was as follows: OR min. ? d 4 0 that 0 OCCUPATION ed (a) Trade, profession, or ons Suppli parlicular kind of work So (b) General nature of Industry S Instructi business, or establishment in term refully which employed (or employer) 9 BIRTHPLACE See In (State or country) mos. 10 NAME OF 63 Q 2 FATHER (Signed) B important. ATH no S 11 BIRTHPLACE PARENT OF FATHER SH State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT (State or country) CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, Information AUSE OF D SUICIDAL OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS Very OR RECENT RESIDENTS) 13 BIRTHPLACE Al Blace In the OF MOTHER Slate, (State or country) of deeth S .....yre. mes. .....ds. Where was diesese contracted, should state CA 14 THE ABOVE IS TRUE TO THE if not al place of death?... 40 Fermer or item usuel reeidence DATE OF BURIAL Every (Address) 1017 15 FledMay 20 UNDE ADDMESS m 16 W. Sarato a St., Balto., Requesting V. S. No. I. If more blanks are needed, address State Registrar,

RINDIN

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[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. Housemaid, etc. If the occupation has been changed employed, as At school or At home. Care should be business, that fact may be indicated thus: Farmer (retired or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autobusiness or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question For many -Coal mine, etc. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, very important, so that the relative healthfuloccupations a single word or term on the The material worked on may form part Women at home, who are engaged in If retired from

Statement of Cause of Death—Name, first, the DISMASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia," Lobar pneumonia, indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver wound state MEANS OF INJURY and qualify as surgical operation was undertaken. For VIOLENT DEATHS "Pubrperal peritonitis," etc. State cause for which birth or misearriage as "Pueurenal septicharmia," mus," "Old Age," "Shock," "Uracmin," "Weakness, genital," "Senile," etc.), "Dropsy, rannaraum, "Heart failure," "Haemorrhage," "Inanition," "Marassymptoms or terminal conditions, such as "Asthenia, "Anaemia" (merely symptomatic), "Atrophy," "Co lapse," "Coma," "Convulsions," "Debility" ("Con etc., when a definite disease can be ascertained as the chopneumonia (secondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. cough; Chronic valvular heart disease; Chronic interstilial "Tumor" for malignant neoplasms); Measles; Whooping The nature of the injury, as fracture of skull, Always qualify all diseases resulting from child-The contributory (secondary or intercur-ACCIDENTAL, ("Con-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

FOR BINDING

MARGIN RESERVED

V. S. Ng

STATE C	F MARYLAND-	-CERTIFICATE OF DEATH 20009	10
County Anne Aru	ndel	Registration Dist. No. 21	
Village or City Anna po		No. 193 Gloucester St., St., 2 (If death occurred in a hospital or institution, give its NAME instead of street and numb	Ward
Length of residence in city or town where		osds. How long in U.S. if of foreign birth?yrsmos	
2. FULL NAME ELIZABET	H C. CLAUSEN	WITHIN CONFRIGATION OF	
(a) Residence: No. 193 Glo	ucester (Usual place of abode)	St., 2 Ward.  If nonresident give city or town and State	e
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE female white	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed	21. DATE OF DEATH May 2 (Month) (Day)	5 (Yeer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rasmus Clau	ısen	22.   HEREBY CERTIFY, That I ettended decea	
6. DATE OF BIRTH (month, day, and year) No	ov. 29. 1859	Hast sew har Polive on May 1 , 195 5; dee	eth Is said
7. AGE Years Months 75 5	Days If LESS than 1 day,hr	I HE LYINCH AT CHOST OL DEVIU and leigted ranges of Hillbortaine	
8 Trada profession or particular	none	Chr. Myornatio Myonaled (	to of onset
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and		Quantificany	1932
O ID. Date deceased last worked at this occupation (month and year)	11. Total time (yaars) spent in this occupetion		
12. BIRTHPLACE (city or town) Anna	polis,	Dther Contributory Causes of importence:	
	laryland.	- Saluntelinio 12	alan
13. NAME Henry Dunker			
13. NAME Henry Dunker 14. BIRTHPLACE (city or town) (State or country)	Germany	Name of operation Data of What test confirmed diagnosis? Wes there an autop	sviko
置 15. MAIDEN NAME Frances W	lilson	23. If death was due to external causas (VIOL ENCE) fill In also the following:	-131
15. MAIDEN NAME Frances W 16. BIRTHPLACE (city or town)Anna (State or country) M	polis.	Accident, suicide, or homicide? Dete of Injury,  Where did injury occur?	, 19
17. INFORMANT Mrs. Robeck (Address) 193 Gloucest	er St. Anneno	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL Place Annapolis, Md.		Manner of injury	
19. UNDERTAKER John M. Tayl (Addrass) Annapolis	or.	24. Was disease or injury in any way related to occupation of deceased?	V
20. FILED 5- 3 , 1935	HM WAY Registrar.	(Signed) Groups of Mary	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

200000

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

N. B.-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 050	197
1. PLACE OF DEATH	(59)	/
County assa Gundel Co	Registration Dist. No.	
Village or City Annuyalis	No. No. 1877 Levyl St.,	Ward
Length of residence In city or town where death occurred / 0 yes	death occurred in a hospital or institutio give its NAME instead of street and nur	
2. FULL NAME Delen M. Come	t	
-1) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	St Ward.	0.7
(a) Residence: No. / O. J. (Usual place of abode)	If nonresident give city or town and St	ate
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (purite the word)	21. DATE OF DEATH	,
Temale White Widow	(Month) (Day)	(Year)
5a. If married, widowed or diverced A A L	22.     HEREBY CERTIFY, That I attended de	casead from
(or) WIFE of the call James Conets	March 1 1935 10 May 24	193-/-
6. DATE OF BIRTH (month, day, end year)	Hast saw her ative on May 23 1, 1955;	death is said
7. AGE Yeers Months Days If LESS than	to have occurred on the date stated above, at 4	
79 6 9 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were es follows:	Date of onset
8. Trade, profession, or perticular kind of work done, as SPINNER,		Jate of onset
SAWYER, BOOKKEEPER, etc.	Che Myocardilio & Myocardial	£ f
work was done as SILK MITL.	month francis	There
SAW MILL, BANK, etc	J.	
this occupation (month and spent in this occupation occupation		
12. BIRTHPLACE (city or town)	Other Contributary Causes of importence:	
(State or country)	Dishelio Melliher	afe
13. NAME	alun Schinio	ومحا
13. NAME  14. BIRTHPLACE (city or town) University (State or country)	Name of operation Date of	
(State of Country)	What test confirmed diagnosis? Wes there an aut	opsy?
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	23. If death was due to externat causes (VIOL ENCE) fill In also the following:	
[ 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury	, 19
(State or country)	Where did Injury occur? (Specify city or town, county and State)	
17. INFORMANT M. Tely Could	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLAC	E.
(Address)  18. BURIAL, CREMATION OR REMOVAL	Managed interes	
Puce 101/2 Date /26 /315	Manner of injury	
Waltenger C	24. Was disease or injury in any way related to occupation of deceased?	0
19. UNDERTAKER (Address)	Il so, specify	
5 2 00 135 - 1 My 02	(Signed) Turge 13asıl	M. D
20. FILED T., 10 Registrar.	(Address) Januapoli & m	/
Il more blanks are needed, address State Registrar.	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICI.
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PHYSICIANS should state

## Exact statement of OCCUPA-UNFADING INK-THIS IS A PERMANENT RES AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING ation should be carefully supplied. LY, Wh WRATE PL

V. S. No. 1

TION is very important. See instructions on back of certificate.

	CERTIFICATE OF DEATH 05098	
1. PLACE OF DEATH	(72)	
County a a	Registration Dist. No. 21	
Village or City weems areef	No. St Word	
	death occurred in a hospital of institution, give its IVAIVIE instead of street and number)	
Length of residence in city or town where death occurredyrs,mos	ds. How long in U.S. if of foreign birth?yrsmosds.	•
2. FULL NAME fames H 600		
(a) Residence: No. success dreek (Usual place of abode)	St., Ward.  If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH May 6 ,193.5 (Month) (Day) (Year)	
5a. If married, widowed, or divorced HUSBAND of	///	
(or) WIFE of Martha & loof	1 HEREBY GERTIFY That I attended deceased from	1
6. DATE OF BIRTH (month, day, and year) aprel 12-1886	I last saw h. M. alive on May 5 1,193 1; death is said	j
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at	
49 4 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importence were as follows:	
8. Trade, profession, or particular kind of work done, as SPINNER, Carpeluler Worse SAWYER, BOOKKEEPER, etc.	Date of onset	
Kind of work done, as SPINNER, barfelner Word	Hanchent menung 5-5.	3
Q. Work was done as SILK MILL academy amopolar	(Paralysis - (Belatical)	
(1) No Date deceased last worked at McAnah 11 Tatal time (warm)	The fold shooting was homicidal.	
o 16. Date deceased lest worked et (March this occupation (month end 29 3 - spant in this occupation)	Custo	
a 21 A-	Other Contributory Causes of importence:	
12. BIRTHPLACE (city or town) Character (State or country)	9-1-	
	June Juguer	. 5
14. BIRTHPLACE (city or town)		
4. BIRTHPLACE (city or town) (State or country)  (State or country)	Nama of operation Date of	
	What test confirmed diagnosis? Was there an au'opsy?	-
15. MAIDEN NAME Sarah & Stanth  16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill In also the following:	2
16. BIRTHPLACE (city or town) (State or country)  (State or country)	Accident avielde or homicide Leave Short . Date of injury 3 3 , 19 3 4	}
- (State or country) /// augustic	Where did injury occur? (Specify city or town, county and State)	
17. INFORMANT Martha & lost	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.	
(Address) weens creek a.a. Ro mos	Manage of internet of the chine of	2
Place Lo Edan Bueff Date May 9 1935	mainter of injury	-
1 Ll - 1 ll .	Nature of injury	-
19. UNDERTAKER D I Hopping	24. Wes disease or injury In any way related to occupetion of deceased?	
(Address) annafordes and.	If so, specify	
20. FILED 5 9 , 19 35 Registrar.	(Signed) Lord Dogel M. D  (Address) Lungson M. D	
If more blanks are needed, address State Registrar,	2412 N. Charles Street, Baltimore, Requesting U. S. No. 2.	

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run aver by street car	1 week ago
July 5,1927	Peritamitis	3 days aga
May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year
	1915 1921 July 5, 1927	of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritanitis  Other contributory causes of importance:

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA. CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate.

	MARYLAND-	CERTIFICATE OF DEATH 0509	}
1. PLACE OF DEATH		2.1	
County A, que	A	Registration Dist. No.	
Village or City A Januro		NoSt.,	Ward
Length of residence in city or town where death or		f death occurred in a hospital or institution, give its NAME instead of street and numbersds. How long In U.S. if of foreign birth?yrsmos	
(a) Residence: No.	Usual place of abode)	St., Ward.  If nonresident give city or town and State	
PERSONAL AND STATISTICAL	PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
S. SEX 4. COLOR OR RACE S. SIL	NGLE, MARRIED, WIDOWED, R DIVORCED (write the word)	21. DATE OF DEATH Way (5 193 (Month) (Day)	ST Year)
6. DATE OF BIRTH (month, day, and year)	Creek	22.   I HEREBY CERTIFY, That I attended decease	ed from
7. AGE Years Months	Deys If LESS than	to have occurred on the date stated above, at	
83	1 day,hrs.	were as follows:	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	here.	ceeled hemanhage Date	ofonset
Industry or business in which work was done, as SILK MILL,			
10. Date deceased last worked at this occupetion (month and year)	11. Total time (yeers) spent in this occupation		
12. BIRTHPLACE (city or town) Q-G-Leo.  (State or country)		Other Contributory Causes of importance:	
13. NAME James Brown	m		
13. NAME JOHNS LOWER 14. BIRTHPLACE (city or town) (State or country) (a. Ca. Ca.)		Name of operation Data of Data of Was there an autopsy	
15. MAIDEN NAME Unburn		23. If death was due to external ceuses (VIOL ENCE) fill in also the following:	1
15. MAIDEN NAME Unknown  16. BIRTHPLACE (city or town)  (State or country)		Accident, suicide, or homicide? Data of Injury, 1 Where did injury occur?	9
7. INFORMANT 4. Asala (Address)	distip	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL Place Date  Place Date	Seaf. 17, 1933	Manner of injury	
19. UNDERTAKER 3- G. A assly (Address) Halismile	to H Am	24. Was disease or injury in any way related to occupation of deceased?	
20. FILED 5/16, 1935 15	T. Clay Ton	(Signed) Lasty Muleon (Address) Lothean, h	M. [

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1	ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

# 05100 STATE OF MARYLAND CERTIFICATE OF DEATH

Village or City Fausbrills (No.	Registration Disc. No.
Village or City (No. (No.	St.: Ward) (If death occurred in a hospital or institu- sion, give its NAME in- stead of street and
2 FULL NAME 2 Coya 1. Oso	www Creek sumber.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Colored Single, Married, Wildowed OR DIVORCED (Write the word)	16 DATE OF DEATH  May 29  (Month) (Day) (Year)  17 1 HEREBY CERTIFY, That I attended the deceased from
Mar. 30, 1935	that I last saw halive on
(Month) (Day) (Sear)  7 AGE If LESS than I dayhrs.	The CAUSE OF DEATH & was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  Nany Land	found dead at 7.30 P.M.  Mother Days This was apparently  Contributory alregar at 2.30 P.M.  Secondary Duction J. J. 30 P.M.
10 NAME OF FATHER Saac Brown  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME TO COUNTRY	(Signed) M.D. M.D. May 1935 (Address) Jacubralla
of Mother Transles Creek  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Registents)  At place of death yrs moa da. State, yrs mos da.  Where was disease contracted, if not at place of death?
(Informant) Alveria Crack.  (Aedross) Gambries Mid	Former or usual residence
Filed 5/29 1925 2-7- ANG	Hannian Cogall - Lawbrille Mid.

\* more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S

S. No. 1.

on back

See instructions

very important. S

f information slid state OAUSE (

ACE

BINDING

FOR

MARGIN RESERVED LINFADING INK

(Approved by U. S. ('ensus and American Public Health Association.)

Whatever, write None. tired 6 year. For persons who have no occupation business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If recired from or given up on account of the disease causing dearn, gaged in Comestic service for wages, as Screenl, Cook, ployed, as At school of At home. Care should be taken Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons endefinite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home. laborer, Farm laborer, Laborer-Coal mine, etc. Womer," etc., without more precise specification as Day Never return "Lako er," "Foreman," "Manager," "Dealworked on may form part of the second statement (a) Foreman, (b) Automobile factory. The material Spinner, (b) Cotton mill; (a) Salesman, (b) Crocery; should be used only when needed. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, speck lly in industrial employments, it is neces-Civil engineer, Stationary faremen, etc. But in many Physician, Compositor, Architect, Locomotice engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applied to each and every person, irrespective of fulness of various parsnits can be known. The ques cupation is very important, so that the relative health-Statement of Occupation - Precise statement of oc or .1/ For many occupations a single word or term on Home, and children, and gainfully emwho are engaged in the duties of the As examples: (a)

Stacement of Cause of Death—Name, first, the pissase causing death (the primary affection with respect to time and education), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal moningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid proumenia"); Lebar piceumoria, Bronchopneumonia ("Pneumonia,")

Nomenclature of the American Medical Association.) head of "contributory." (R-commendations on statequences (e.g., sepsis, tetanus) may be stated under the ment of cause of death approved by Committee ou ture of the injury, as fracture of skull, and conseand qualify as accedental, suicedal, or homicedal, or Poisoned by carbolic acid—probably suicide. The na train-uccident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely taken. For VIOLENT DEATHS STATE MEANS OF INJURY State cause for which surgical operation was under "PUERPERAL seplicaemia." "Perperal peritonitis." diseases resulting from childbirth or miscarriage as can be ascertained at the caute. Always qualify all "Uraemia," "Weekness." etc., when a definite disease rhage," "Inanition," "Marasmus," "Old Age," "Shock," "Dropsy." "Exhaustion," "Heart failure," "Haemorsymptomatic), "Atrophy," "Collapse," "Coma," conditions, such as "Asthenia." "Annemia" ary), 10 ds. Never report more symptoms or terminal causing death). 29 ds.; Bronchopnoumonia use of "Tumor" for malignant neoplasms); vulsions," stated unless important. Chronic interstitial nephritis, etc. The contributory ......(name origin; "Cancer" is less definite; avoid mgcs, peritonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men (secondary or intercurrent) affection need DuidoonAL "Debility" ("Congenital," "Senile." etc.) cough; Chronic valvular heart Example: Measles discuse; Mensics, (disease (micrely (second-"Con-

If this certificate is looked over thoroughly and all questions answered in decail, it will prevent further correspondence. All the data is seenful and must be obtained before the certificate is permanently filed. VED

STATE O	F MARYLAND-	CERTIFICATE OF DEATH	5101
1. PLACE OF DEATH		93-0	0100
County C.	U	Registration Dist. No.	21
Village or City Omnaho		NoSt.,	War
Length of rasidence In city or town where de		If death occurred in a horpital or institution, give its NAME instead of street as. ds. How long in U.S. If of foreign birth?yrs	mosd:
2. FULL NAME CLANN	e Day	MITHIN CORPORATE	
(a) Residence: No. 87 No.	orth West.	St., Ward. 4	
PERSONAL AND STATISTIC	(Usual place of abode)	If nonresident give city or town	
PERSONAL AND STATISTIC  3. SEX  4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH	1
frem. Col-,	OR DIVORCED (write the word)	May 8 (Month) (Day)	, 193_ 5 -
a. If married, widowad, or divorced HUSBAND of (or) WIFE of	dow	March 16 - 1930 to May	ded deceesed from
. DATE OF BIRTH (month, day, end year)		Hast saw her aliva on may & 19	30 death is sai
. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at	
33 May	mknown l day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance were es follows:	Date of onse
8. Trada, profassion, or particular kind of work done, as SPINNER,	Dionesti		,
0 Industry or business in which	- //	lique Mynorte & Mynort	-
work was done, es SILK MILL, SAW MILL, BANK, etc	al Mome	- July July	4.4-
De Date deceased lest worked at this occupation (month and J.Eb.,	/90 11. Total time (years) spent In this		
year)	occupetion	Other Contributory Causes of Importanca:	
2. BIRTHPLACE (city or town) Qall (State or country)	morg		
1226		Chem believes	2km
V	Ballimore	Name of a subline	
(Stata or country)	Maryland	Name of operation	Y
15. MAIDEN NAME Un kan on	n	23. If death was due to external causes (VIOLENCE) fill in also the follow	
16. BIRTHPLACE (city or town)		Accidant, suicida, or homicide? Data of Injury	
(State or country)		Where did injury occur?	
7. INFORMANT May Day (Address) & Th	12 Si amefolio pul	(Specify city or town, county and Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC	PLACE.
8. BURIAL, CREMATION, OR REMOVAL	1-19 21-	Mennar of injury	
Placa IJ I VV VI RULL CHUA	Dete 9	Neture of Injury	
19. UNDERTAKER & M & Tarkin	A Prince	24. Was disaasa or injury in any wey related to occupation of daceased?	24
(Addrass) 47 Washington	And moderales	If so, specify	/
20. FILED 12 19 35	Registrar.	(Signed) (Addrass) (Addrass)	ZM. [
If more bl		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	ali l

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones .	May 1,1923	Gastroenteritis	1 year

HYSI-Exact STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH County Anne Arundel Registration Dist. No. ... classified 806 Annapolis Blvd. EXACTL Village or City Brooklyn RECORD St. Ward) (If death occurred in hospital or institucertificate. Ion, give Its NAME intend of FULL NAME John W. Delacour Sr. aumber.) properiy stated MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH of 4 COLOR OR RACE | 5 SINGLE, be 3 SEX pe MARRIED. back WIDOWED (Month) (Day) should OR DIVORCED Tied may White Male I HEREBY CERTIFY. That I attended the deceased from 6 DATE OF BIRTH ms so that instructions that I last saw h Imalive on may 20 Unknown Ü (Month) (Day) (Year) and that death occurred on the date stated above, at ... 7 AGE If LESS than The CAUSE OF DEATH & was as follows: I day .... hrs. About 88 vrs. mos. ds. or ... min. ? term OCCUPATION (a) Trade, profession or Retired particular kind of work ..... plair ortant. (b) General nature of industry business, or establishment in caulker 1 which employed or (employer)..... Contributory du 9 BIRTHPLACE Secondary (State or country) Balto. Md. 4 (Duration) ... ery MARGIN 1:1 10 NAME OF 0 FATHER Unknown 0 11 BIRTHPLACE wz \*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury: and (2) whether ENT AUS OF FATHER (State or country) Unknown Accidental, Suicidal or Homicidal, C 12 MAIDEN NAME PA O OF MOTHER 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-4 inform Unknown State 1 ients, or Recent Residents) 13 BIRTHPLACE In the At place of death .... yrs. .... mos. .... da. OF MOTHER State......yre......mos. nanown 00 (State or country Where was disease contracted, of 3 if not at place of death?..... 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE sho Former or Nathan Poiner (Informant) N.TS. usual residence.... S DATE OF BURIAL 19 PLACE OF BURIAL OR REMOVAL CIAN (Address) 803 Annapolis Blvd. Z Cedar HillCem ADDRESS 20 UNDERTAKER Filed May 26 1985 Fld 1318 Light if more blanks are needed, address State Registrar./ 16 W. Sgratoga St., Balto., Requesting V. S No. 1

(Approved by U. S. Census and American Public Health Association.)

nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter; state occupation at beginning of illness. If retired from ployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Womer," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. (a) Foreman, (b) Automobile factory. The material Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. fired 6 yrs.). business, that fact may be indicated thus: Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons en-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on For persons who have no occupation

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

unges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ........ (name origin; "Cancer" is less definite; avoid ture of the injury, as fracture of skull, and conseas probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF State cause for which surgical operation was under "Puerperal septicaemia." "Puerperal peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease rhage," "Inanition," "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure." "Haemorsymptomatic), "Atrophy," "Collapse," conditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopneumonia stated unless important. Chronic interstitial nephritis, etc. The contributory Whooping cough; Chronie valvular heart disease; use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menment of cause of death approved by Committee on head of "contributory." quences (e. g., sepsis, tetanus) may be stated under the train-aecident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway vulsions," (secondary or intercurrent) affection need not be Nomenclature of the American Medical Association.) Poisoned by carbolic acid—probably suicide. FOR VIOLENT DEATHS State MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.), (Recommendations on state-Example: Mcasles (disease Always qualify all "Соша," (second-(merely "Con-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently flag 7. 131

JUN 8 1935

RECEIVED

D	WRITE PLANLY, WYON UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
	000	PH	xact	
NDING	MANENT R	KACTLY.	lassified. Ex	
FOR BII	IS A PER	stated E	properly c	certificate.
ED	HIS	pe	be.	jo :
MARGIN RESERVED FOR BINDING	ING INK-T	AGE should	that it may	tions on back
MARGIN	UNFAD	ly supplied.	lain terms, s	See instruc
	MALY, W.	d be careful	DEATH in p	y important.
7	AVRITE PL	mation shoul	CAUSE OF	TION is very important. See instructions on back of certificate.

STATE OF MARYLAND	CERTIFICATE OF DEATH 05103
1. PLACE OF DEATH	(210·m)
County Clime arundle MITHIN 20-POR	Registration Dist. No. 2
Village or City Queabolis	No. Crash guiley Hant St., 2 Ward death occurred in a hospitager institution give its NAME iostead of street and number)
2. FULL NAME Leonach Duval	2
(a) Residence: No. Robinson Staling (Usual place of abode)	A St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DWORGED (write the word)	21. DATE OF DEATH 18 18 1935
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of  May Diwall	(Month) (Day) (Year)  22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Taly 5th 1899	1   1   1   1   1   1   1   1   1   1
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
36 3 /3   1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER. SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL.	Queto accident on
SAW MILL, BANK, etc	State road.
12. BIRTHPLACE (city or town). Cleanly a a Grand. (State or country)	Dther Contributory Causes of importance:
13. NAME Pulard 9 Survey	
	Name of operation
(State or country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME HAY C Wellington  16. BIRTHPLACE (city or town)  (State or country)	23. If death was due to external causes (VIDLENCE) fill in also the following:  Accident, suicide, or homicide? ACCIDENT Date of injury 114 19, 1935.  Where did injury occur?
17. INFORMANT Mus May & Cocker (Address) 403 E breakan The	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Legger Hell Date May 22, 1935	Manner of injury  Nature of injury Fracture Skull
19. UNDERTAKER Alle & Denny Charles 15 Light II and Charles 15	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 5-19. 1935 9 9 1 Registrar.	(Signed) Soseph-Manustrony & actions M. Corones M. Coro

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclcrosis	1915	Attack of aprilepsy	1 week ago
Chronic interstitial nephritis	1921	Rust over by street ar	1 week ago
Cerebral hemorrhage	July 5,1927	Perilondis	3 days ago
		200	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Castroen collis	1 year
		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	

V. S. No. 1 N. B.—

1.	PLACE OF DEAT	H	JI MAK	LAND	B	
	County Que	are C	Drund	el	Registration Dist. No. 20	
	Village or City	heen	oci		No. St. W	ard
	Length of residence In city			(If	death occurred in a hospital or institution, give its NAME instead of street and number)	
		S Town where	death occurred	yrsmos	ds. How long in U.S. If of foreign birth?yrsmos	Os.
2.	FULL NAME	occe	1 902	u NO	vica / casion	
	(a) Residence: No		(Usual place	of abode)	St., Ward.  If nonresident give city or town and State	
	PERSONAL AND	STATIST			MEDICAL CERTIFICATE OF DEATH	
3. SE	X 4. COLOR	OR RACE		RIED, WIDOWED.  D (write the word)	21. DATE OF DEATH May 3 ,1935	
5a. If	married, widowed, or divorce	ed	1 Sug		(Month) (Day) (Year)	
	married, widowed, or divord HUSBAND of (or) WIFE of				22. I HEREBY CERTIFY, That i attended deceased if	rom
-		50	7-6	1935-	, 19, to, 19,	
	TE OF BIRTH (month, day,		ray o		I last saw h; death is	said
7. AG	E Years	Months	Days	If LESS than 1 day,hrs.	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of Importance	
	9 Tarda and in the	At1	1	ormin.	were as follows: Date of or	isst
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEPER, etc.					Blill Dorie	
PATION					0.	
	Note: Industry or business In work was done, as St. SAW MILL, BANK, etc.		//		Tremoline Such	
1000	O. Date deceased last work this occupation (mont	h and	sper	me (years) nt in this	44	
	year)	///	OCOL	rpation	Dither Contributory Causes of Importance:	
12. B	IRTHPLACE (city or town) (State or country).	MI	ing low	ليط .		
œ .	11	11.	1 10	no O O		
FATHER	3. NAME	Ma	ce 100	100		
FA	4. BIRTHPLACE (city or tow (State or country)	n)	vultin.	A.	Name of operation Date of	
۵,	5. MAIDEN NAME	The	1 8	8 to	What test confirmed diagnosis?	
표		vneri	ue o.	Cascon	23. If death was due to external causes (VIOL ENCE) fill In also the following:	
OM 1	6. BIRTHPLACE (city or tow (State or country)	n)-Ata	reflect	Cel	Accident, suicide, or homicide?, 19,  Where did Injury occur?, 19	
	11.00	0111	Phone	08	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
17. INFORMANT (Address) Greensen. Vyd.  18. BURIAL, CREMATION, DR REMOVAL Mepulate May 4th 35  Place Valuers Chepulate May 4, 19 35					Specify whether injury occurred in Thousand, in Home, in in Public Place.	
					Manner of Injury	
					Nature of Injury	
10 11	NDERTAKER Jan	res &	on Tou	0 -	24. Was disease or injury in any way related to occupation of deceased?	
(Address) Greenick- md.					If so, specify A D O / to Ale	10.
20. FILED May 4(335 W. P. Clayton					(Signed)	N.D.
	7		Alphr	Registrar.	(Address) Jourses Jo Md , (Re	5.
	,	If more	blanks are needed, a	ddress State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

STATE OF MARYLAND—CERTIFICATE OF DEATH

05101

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenferitis	1 year

PHYSICIANS should state

stated EXACTLY.

AGE should be

properly classified.

be

certificate.

See instructions on back of

AUSE OF DEATH in plain terms, so that it may

TION is very important.

mation should be carefully supplied.

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V. S. No. 1

of OCCUPA-

Exact statement

05105

		JF MARY	LAND-	CERTIFICATE OF DEATH	100
	1. PLACE OF DEATH County And Arunde	· 1		(43-6)	,
				Registration Dist. No.	
	Village or City <u>Crounsy</u>		(If	death occurred in a hospital or institution, give its NAME instead of street and n	
	Length of residence in city or town where	death occurred	yrsmos	ds. How long in U.S. if of foreign birth?yrsmo	sds
1:	2. FULL NAME Nathan	n Edwards	3		
1	(a) Residence. No. Jane	Ar indel C (Usual place of		Telst, land Ward.  ff nonresident give city or town and	State
ero co	PERSONAL AND STATIST	TICAL PARTIC	ULARS	MEDICAL CERTIFICATE OF DEATH	
3.	male dlack	5. SINGLE, MARRI OR DIVORCED	IED, WIDOWED,	21. DATE OF DEATH    Month   (Day)	, 193 <u>5</u> (Year)
5a	HUSBAND of (or ) WHFE of Cath	erine 7d.	ards	22. f HEREBY CERTIFY, That I attended on the standard of the s	
6	DATE OF BIRTH (month, day, and year) .	.1072			; death is sale
_	AGE Years Months	Days	If LESS than	to have occurred on the date stated above, at 6:1542 m.	
1	63 Uni	lthown	I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
NO	8. Trade, profession, or particular kind of work done, as SPINNER,	Tuman		Cerebral arteriosclerosis	
OCCUPAT	work was done, es SILK MILL, SAW MILL, BANK, etc.				
000	10. Date deceased last worked et this occupation (month and year)		ne (years) in this —— pation		
12	2. BIRTHPLACE (city or town) (State or country)	errland		Other Contributory Course of Importance: Chronic myocarditis	?
ER	13. NAME Steven	]dwards			
FATHER	14. BIRTHPLACE (city or town) (Stete or country)	ryland		Name of operation Date of What test confirmed diagnosis? Was there an a	
ER		tt Owens		23. If death was due to external causes (VIOL ENCE) fill in also the following	
MOTHER	16. BIRTHPLACE (city or town)	ar, the nd		Accident, suicide, or homicide? Date of injury	
17		l Records	rlend	Where did Injury occur? (Specify city or town, county and State Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PL/	e) ACE.
18	B. BURIAL GREMATION, OR REMOVAL PLANE AGE THE	L Date May	261933	Manner of injury	
19	9. UNDERTAKER A MANAGE (Addupts)	asto	The second	24. Wes disease or injury in any way related to occupation of deceased?	M

(Address) CIOWNEV If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL S	PACE	FOR	<b>FURTHER</b>	STATEMENTS	$\mathbf{BY}$	PHYSICIAN
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SIAIL OF MARYLAND—	CERTIFICATE OF DEATH 05106
County a . a .	Registration Dist. No.
Village or City annapoles	No. 99 Spa Vees St., Ward ff death occurred in a horpital of institution, give its NAME instead of street and number)
2. FULL NAME  (a) Residence: No./ 3 + Draw See	sds. How long in U.S. if of foreign birth?yrs,mos,ds.  St.,Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Applie the word)	21. DATE OF DEATH  (Modifi)  (Year)
5a. If marriad, widowad, or divorced HUSBAND of (or) WIFE of  Marie 7 X. Louislans	22. I HEBEBY CERTIFY. That I attended deceased from 1935, to May 16, 1935
7. AGE Years Months Days if LESS than 1 day,hrs. ormin.	were as follows:
S. Trade, profassion, or particular kind of work done, as SPINNER, Pellers SAWYER, BOOKKEEPER, etc.	Busho Pheumine 5/15/3
kind of work done, as SPINNER, Pellerell SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, Shae make:  10. Dato deceased last worked at this occupation (month and year)  12. BIRTHPLACE (city or town) Bengano Slaly  (State or country)	Other Contributory Canses of importance:
13. NAME Conformed Horistano  14. BIRTHPLACE (city or town) Jobby  (State or country)	Name of operation Data of What test confirmed diagnosis? Manual Evanua Was there an au'opsy?
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (Stata or country)  17. INFORMANT EMELY X LORENTEE  (Address) Quantitative  (Address) Quantitative  (Address)	23. If daath was due to external causes (ViOLENCE) fill in also the following:  Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL PIACE STATEMENT Date May 18, 1935	Manner of injury
19. UNDERTAKER 3 L H OFFINS  (Addrass) Amoral Tollows  20. FILED 5 18 19 35 L M	24. Was disease or injury in any way related to occupation of deceased? Los if so, specify  (Signad) G.
Registrar.  If more blanks are needed, address State Pening.	(Address) 99 Wonticello, aux.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

		1,	Lotte H.O.

STATE OF	MARYLAND-	CERTIFICATE OF DEA	TH 05107
1. PLACE OF DEATH	-	93.0	70
County Cia	A		Dist. No.
Village or City Freudsk	injs (II	No.  death occurred in a hospital or institution, give its NAMI	St., Ward
Length of residence in city or town where deat  2. FULL NAME Decay		ds. How long in U, S, if of foreign birth?	
(a) Residence: No.	(Usual place of abode)	St., Ward.	give city or town and State
PERSONAL AND STATISTIC	AL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
M as	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 5 (Month)	2 (bay) , 193 5- (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		22. I HEREBY CERTIF	Y. That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	us 16 1865	I last saw h May 2	1927; death is said
7. AGE Years Months	Days If LESS than 1 day,hrs.	to have occurred on the date stated above at	es of Importance
8. Trade, profession, or particular kind of work done, as SPINNER, M. SAWYER, BODKKEEPER, etc.	Lechanic	alein elero	Date of onset
Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc		Myozachtij	ante 4/24)
10. Date deceased last worked at this occupation (month end year)	11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) J (State or country)		Other Contributory Causes of importance:	
14. BIRTHPLACE (city or town)	Fowler		
14. BIRTHPLACE (city or town)	<i>A</i>	Nama of operation	Date of
(State of country)	7	What test confirmed diagnosis?	Was there an au'opsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	ower	23. If death was due to external causes (VIDLENCE) fill Accident, suicide, or homicide?	
O 16. BIRTHPLACE (city or town)		Where did injury occur?	
17. INFORMANT Www 2 (Address)		(Specify city or Specify whether Injury occurred in INDUSTRY, in HO	town, county and State) ME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	1 ma 24 35	Manner of injury	
Place Treendalyp	Date 19 19	Nature of injury	
19. UNDERTAKER SALLEY SALLEY (Address)	etation and	24. Was disease or injury In any way related to occup	ation of deceased?
20. FILED 0/23 , 1935 - 21	A Clay to	(Signed) (Ardress)	1 Land M.D
If more blas	A VYWI	2421 N. Charles Street, Baltimore, Requesting U. S. Mo.	,

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

N. B.—WRITE PLANIY, W. I UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
VED FOR BINDING  THIS IS A PERMANENT RECORD. Every d be stated EXACTLY. PHYSICIANS w be properly classified. Exact statement	1
THIS IS A PERMANENT RECORD.  d be stated EXACTLY. PHYSI  y be properly classified. Exact state	
VED FOR BINDING THIS IS A PERMANENT RECAL TO BE STATED BY A CTLY. PROPERLY Classified. Exact	
VED FOR BINDING THIS IS A PERMANENT d be stated EXACTLY y be properly classified.	
VED FOR BIND THIS IS A PERMA d be stated EXA	
VED FOR B THIS IS A PE d be stated E	
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TRITE Tion USE	
C. Maa	1
V. S. No. 12 N. B.—WRIT Mation	1

SIAIE OF  1. PLACE OF DEATH	MARTLAND	CERTIFICATE OF DEATH	8016
County A		Pagistration Diet No.	/
Village or City Only	rency Hosp	Registration Dist No.	- War
Length of residence In city or town where death	occurred yrs mos	sds. How long in U.S. if of foreign birth?yrsmo	osd
2. FULL NAME ASA	hul Fr	Gleen	
(a) Residence: No. Shio.	(Usual place of abode)	St., Ward. If nonresident give city or town and	State
PERSONAL AND STATISTICA	L PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
	SINGLE, MARRIED, WIDOWED, OR DIVORCED ("write the word)	21. DATE OF DEATH Thay (9 (Month) (Day)	, 193 5 (Year)
5a. If married, widowed, or divorced HUSBAND of			
(or) WIFE of Clarket	Les Land	22. I HEREBY CERTIFY. Thet I attended	deceased fro
6. DATE OF BIRTH (month, day, end yeer)	SIA 1860	I last saw h. head alive on Merce 19 1931	; death is sa
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at 1230 mit	
74 6	9 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	10.1
Z Trade, profession, or particular			Date of ons
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	uml	I cate regules	1434
3. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.		<b></b>	
SAW MILL, BANK, etc	11. Total time (years) spent In this		
12. BIRTHPLACE (city or town)	occupation	Other Contributory Causes of Importance:  Orlews Could Cardin	
I 13. NAME Samuel	elseen	Vanua Whase	193 4
14. BIRTHPLACE (city or town) (State or country)	4. Co.	Name of operation Date of What test confirmed diagnosis? Westhere en a	utonev? W
15. MAIDEN NAME THINKS	Johnson-	23. If death was due to external causes (VIOLENCE) fill in biso the following	
0 16. BIRTHPLACE (city or town)		Accident, suicide, or homicide?	
(State or country)	4,	Where did injury occur?	
17. INFORMANT Olyner S. 4 (Address) D. 2. Box	seed (	Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, at in PUBLIC PLA	ICE.
18. BURIAL, CREMATION, OR REMOVAL	7 -199.95	Menner of injury	
Place Statudnick Da	ate/1942/1900	Neture of injury	<u></u>
19. UNDERTAKER / -/ 3/	truse -	24. Was disease or injury in any way related to occupation of deceased?	60
20. FILED 3 21 , 19 3 5	Musk	(Signed) Lll GAY h. Weslet a	C M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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		1 1 1 3 A 1 3 . 2 2 - E III	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			•

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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		The page 9 NAC -	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH	
county anne annual	Registration Dist. No.
Village or City Trans Runding	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long In U. S. if of foreign birth?yrs,mosds.
2. FULL NAME alverta Brooks	giore
(a) Residence: No. 2 Lary Landing M. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  Warrel	21. DATE OF DEATH May 2 4 , 193 5 (Month) (Day) (Year)
5a. H married, widowed, or divorced HUSBAND of (or) WIFE of H icks Grove	22. I HEREBY CERTIFY, That I attended deceased from May 24 19 55 to May 2 4 19 30
6. DATE OF BIRTH (month, day, end yeer) unferson 1885	Hast saw her alive on what all 19 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
50 - 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or perticular kind of work done, es SPINNER, SAWYER, BDDKKEEPER, etc.	Circles heuronhage
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month and spent in this	
70. Date deceased last worked et this occupation (month and year) 11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) A. a. County  (State or country)	Other Contributory Canses of importance:
13. NAME Lin Brooks-	The state of the s
13. NAME Lev Stocks  14. BIRTHPLACE (city or town) A a Country  Stoke or country	Name of operation
(Stete or country)	What test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME  15. BIRTHPLACE (city or town)  (Stor or country)	23. If death was due to external causes (VIDLENCE) fill In also the following:  Accident, suicide, or homicide?
16. BIRTHPLACE (city or town)   State or country)	Where did injury occur?
17. THFORMANT COXMES Meades (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Chapel 5/25, 1935	Manner of injury
19. UNDERTAKER Party Hoved (Address) Frenchship - Mile	24. Wes disease or injury in any way related to occupation of deceased? 746
20. FILED 7 4, 1935 H. H. Classicon Registrar.	(Signed) Lucily H lucison M. D (Address) Lathur Market

If more blanks and needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MARYLAND-CERTIFICATE OF DEATH

05110

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example 1		Example II	
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
A BURE			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

See instructi

TION is very important.

FATHER

MOTHER

12. BIRTHPLACE (city or town)

15. MAIDEN NAME

(Address)

20. FILED May 16

19. UNDERTAKER (Address)

13. NAME

(State or country)

14. BIRTHPLACE (city or town)

16. BIRTHPLACE (city or town) (State or country)

18. BURIAL, CREMATION, OR REMOVAL

(State or country)

۲ <del>۵</del> ۲	STATE OF MARYLAND	CERTIFICATE OF DEATH 05111
of infor-	1. PLACE OF DEATH County Orundel	Registration Dist. No. 22
item shou		No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Every ICIANS	2. FULL NAME POKAT Jardne	How long in U.S. if of foreign birth? yrs. mos. ds
CORD PHYS ict sta	(a) Residence: No. 3 5/2 (Usual place of abode)	If nonresident give city or town and State
TT RECY.	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)  5a. If married, widowed, or divorced HUSBAND of	21. DATE OF DEATH  (Month)  (Day)  (Year)
BINDING PERMANEN EXACTI y classified	(or) WIFE of margaset Hall	22. HEREBY CERTIFY. That i ettended deceased from
FOR BI IS A PE stated E properly certificate.	6. DATE OF BIRTH (month, day, and year) Och / 2 / 8 6 8  7. AGE Yeers Months Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at 10 4 m. Plant of the PRINCIPAL CAUSE OF DEATH end related causes of importance were es follows:
- 70	8. Trede, profession, or perticular kind of work done, as SPINNER, Salesman	Plant Cornans
RESERVED G INK—THIS GE should be that it may be ins on back of	industry or business in which work was done, as SILK MILL, Automobiles SAW MILL, BANK, etc	I humbaris
RESE GINF GE sh hat it ns on	11. Total time (years) this occupation (month and year)	(acute Heart farling)
H ZZTH		Other Contributary Causes of importance:

Name of operation. What test confirmed diegnosis? Was there an eulopsy?\_\_\_\_\_ 23. if death wes due to externel causes (VIOLENCE) fill in elso the following:

Accident, spicide, or homicide? Where did injury occur?

(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury	 	 
Nature of injury		

24. Wes disease or injury in any way related to occupation of deceased?

If so, specify (Signed)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Tree Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.	3		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			<u> </u>

	STATE C	F MARYLAND-	CERTIFICATE OF DEATH	05112
1. PLACE	OF DEATH		(131)	
County	a.a.		Registration Dist. No	21
Village	or City Skidn	d (1	No. f death occurred in a hospital or institution, give its NAME instead of st	St.,Ward
Length of	residence In city or town where	death occurredmos	sds. How long in U.S. if of foreign birth?yrs	ds.
2. FULL	NAME ST	In Harris		
(a) Res	idence: No. Skidn	me md	St., Ward.	~~~~~
1		(Usual place of abode)	If nonresident give city or to	
		ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEA	ATH
3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (prite the word)	21. DATE OF DEATH (Nonth) (Day)	, 193 5 (Year)
5a. If married, w HUSBAND (or) WIFE			22. I HEREBY CERTIFY, That Is	
6. DATE OF BIR	TH (month, day, and year)	Janon 1896		1935; death is said
7. AGE	Years Months	Days If LESS than	to have occurred on the data stated above, at 10. Am.	
	39	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importative as follows:	nca
8. Trada, p	of work dona, as SPINNER,		A	Date of onset
SAW	YER, BOOKKEEPER, etc	arm Hand	Municia	1934
kind SAW Industry work	or business in which was dona, as SILK MILL, MILL, BANK, etc.	the season tamos	Empsjeme -	1974
O 1.10. Data de	ceased last worked at Accordance occupation (month and	11. Total tima (years)	Chy, my readles	1.9.35
12. BIRTHPLACI	E (city or town)	ry land	Other Contributory Causes of importanca:	
H 13. NAME	Unprov	n	1	
A	ACE (city or town)		Name of operation	ata of

(Stata or country) MOTHER 15. MAIDEN NAME 16. BIRTHPLACE (city or town)

(State or country)

19. UNDERTAKER

18. BURIAL, CREMATION, OR REMOVAL

20. FILED.

Registrar.

If so, specify

23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?..... Date of Injury.....

(Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Was there an autopsy?\_\_\_\_

(Signed) (Address)

more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

What test confirmed diagnosis?

Menner of injury Nature of injury.

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Example 1	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			/

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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	infor- state
to	
M	item
	Every
	SCORD. Every PHYSICIANS

of OCCUPA.

Exact statement

stated EXACTLY properly classified.

AGE should be

pe

certificate.

See instructions on back of

CAUSE OF DEATH in plain terms, so that it may

TION is very important.

mation should be carefully supplied.

# STATE OF MARYLAND—CERTIFICATE OF DEATH 05113

1. PLACE OF		7		83	<i>y</i> -1
	re londe	*	3	Registration Dist.	No. 2
	ce in city or town whera		()f	death occurred in a hospital or institution, give its NAME institution.	
2. FULL NAMI	Dawalla	ella Ka		-3Ct 3 Word	
(a) Residence:	No.	(Usual place	of abode)	St. Ward.  If nonresident give	city or town and State
PERSONAL	AND STATIST	ICAL PART	CULARS	MEDICAL CERTIFICATE OF	FDEATH
3. SEX female 4	color or race	OR DIVORCE	RRED, WIDOWED, D (write tha word) Pied	21. DATE OF DEATH  LIAY 21st (Month)	(Day) (Year)
5e. If marriad, widowed, HUSBAND of (or) WIFE of	or divorcad Unikn	own		22. I HEREBY CERTIFY,	That I attended decaased from
6. DATE OF BIRTH (mo	nth day and year)	1887			19. 35; death is said
7. AGE Years 48	Months Unkn	Deys	If LESS than t day,hrs.	to have occurred on the data stated above, at	Pme Ma
No. 1 Trade, profession kind of work SAWYER, BO	8 Trade, profession, or particuler kind of work dona, as SPINNER, SAWYER, BODKKEEPER, etc.			Loher preumonis	
	BANK, etc			-	
	on (month and	= \$pa	time (years) ent In this upation		
12. BIRTHPLACE (city o (State or country		Marylan	d	Other Contributory Causes of importance: General paralysis of t	
t3. NAME G	orge Mason			aane	
t3. NAME G		Morylan	đ	Name of operation	Date of
t5. MAIDEN NAME	U lanov	n		23. If death was due to external causes (VIDL ENCE) fill in	
t5. MAIDEN NAME 15. MAIDEN NAME 16. BIRTHPLACE (ci (State or co	ity or town)uniry)	W.Choy	n	Accident, suicide, or homicida? Date Whera did injury occur?	•
17. INFDRMANT	osji al Re Crovnevi	Sords	1_1=111	(Specify city or town Specify whether Injury occurred in INDUSTRY, in HDME,	or in PUBLIC PLACE.
ts. BURIAL, CREMATIDE		Date J	3 , <sub>19</sub> 3 (	Manner of injury	a = 6
t9. UNDERTAKER(Address)	Time The	Mas	m 11 gnd	24. Was disease or injury in any way related to occupation  If so, specify	of deceased?
80. FILED 72 3	, 19.35	I No H	Registrar.	(Signed)	M. I
	If more	blanks are needed,	address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

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9.—The industry or business in which the work was done.

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Example I	-13	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH	05	11	4
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1	. PLACE O	F DEAT	н			<u> </u>	4 4 4	
	County	Anı	ne Arun	del		Registration Dist. No. 21		
	Village or C	city	Jacobsy	ille		NoSt.,	Ward	
	Length of resi	idence în cit	v or town where	leath occurred		death occurred in a horpital or institution, give its NAME instead of street and nds. How long in U.S. if of foreign birth?yrsmo		
						infant Hill		
2				amea s.	TTTOOLU -			
	(a) Residen	ice: No		(Usual place of	of abode)	St., Ward.  If nonresident give city or town and	Siate	
	PERSON	AL AN	D STATIST	ICAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH		
	male		egro	5. SINGLE, MARE OR DIVORCED	RIED, WIDOWED.  (write the word)	21. DATE OF DEATH May Ist (Month) (Day)	, 1935 (Year)	
5a.	If married, widov HUSBAND of (or) WIFE of	ved, or divo	rced			22.   HEREBY CERTIFY, That I attended on the strength of the s		
6. 1	DATE OF BIRTH	(month, day	and year)	May	Tst. 19:			
_		ars	Months	Days	If LESS than  1 day,hrs.  ormin.	to have occurred on the date stated above, at II.a.m.	Date of onset	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc						Stillbirth	Date of onset	
00		sed last wor upation (mor	nth and	octu	pation	Other Contributory Canses of importance:		
	BIRTHPLACE (c (State or cou	intiy)		cobsvill	.e ][d.			
IER	13. NAME	I	Bernard					
FATHER		E (city or to r country)	wn)	A. A	. Co. Md.	Name of operation Date of What test confirmed diagnosis? Was there an a		
ER	15. MAIDEN NA	AME ]	Mary Sm	ith		23. If death was due to external causes (VIOLENCE) fill in also the following	:	
MOTHER	16. BIRTHPLAC	E (city or to	wn)A	. A. Co.	Md.	Accident, suicide, or homicide? Date of Injury  Where did injury occur?(Specify city or town, county and State		
17. INFORMANT Mary Hill (Address) P. O. Pasadena, Md.				ena. Md.		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
18.	BURIAL, CREMA		gothy	5-	-2-35,19	Manner of Injury		
_	. UNDERTAKER (Address)	/	Andre	Maker Sadena, Z. 4.	9 leit	24. Was disease or Injury in any way related to occupation of deceased?  If so, specify  (Signed)  Sandless	2M. D.	
	100		ALTHUR TO THE		Registrar.	(Address)	9	

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Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

# PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforstated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. certificate. AGE should be TION is very important. See instructions on back of mation should be carefully supplied.

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	(137)
County a a	Registration Dist. No.
Village or City annapolis	No 9/ East St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of residence in city or town where death occurredyrs.	mosds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME Edward w	youl man come and there or
(a) Residence: No. 9 / East (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULA	RS MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, W OR DIVORCED (Arrite)	the word) May 15 , 1935
a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of Mary & How	22. I HEREBY CERTIFY. That I attended deceased from 1929, 19, to May 15, 1935
5. DATE OF BIRTH (month, day, and year) Och 28 - 18	I last saw h was alive on May 15 , 1935; death is sai
- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	LESS than to have occurred on the data stated above, at 27 m.
	The PRINCIPAL CAUSE OF DEATH and related causes of Importance ware as follows:
8. Trade, profession, or particular kind of work done as SPINNER	Seplicema 4/1/2
kind of work dona, as SPINNER, Merohand	Cystitis fand Toyelitis due to Genign en- //
S-Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Isosgement of the prostate gland.
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc.  Judustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked et his occupation (month end 1934 pear)  11. Total time (year spant in this occupation coupation)	5230 Cevera.
2	Other Contributory Causes of Importance
(State or country)	Urmary fylulary 11 4
	- Chr. Cystylis and prelitio like
13. NAME John & Horse  14. BIRTHPLACE (city or town) Whim	<u> </u>
14. BIRTHPLACE (city or town)	Name of operation Date of 1933
(State of Country)	Whet test confirmed diagnosis? Classical Was there an autopsy? 71.
15. MAIDEN NAME & arak ff and se	23. If death was dua to external causes (VIDL ENCE) fill in also the following:
15. MAIDEN NAME Sarah Spandol  16. BIRTHPLACE (city or town)	Accident, suicida, or homicide? Date of Injury, 19
(Stata or country) (MQ	Whare did Injury occur? (Specify city or town, county and State)
(Address) annipole me	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR DEMOVAL	36 Manner of Injury
Place I femily Date May 1	, 19 Nature of Injury
9. UNDERTAKER 9- L. Hospons. (Address) magazitation	24. Was disease or injury in any way related to occupation of dacaased? 10
20. FILED 5 / 7 , 19.35 July 5	(Signed) J. Willis Martin M.
	te Registrar, 2411 N. Charles Street, Baltimore, Requesting V. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
	64			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V.S.N.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(0)110
County Sole So.	Registration Dist. No.
Village or City Umnapolis Md	No. Emergency Hasystal Ward
	death occurred in a horpital or insulution, give its NAME instead of street and number)  ds. How long in U.S. If of foreign birth?
2. FULL NAME Diretta tenkins	ALTTAIN CHANGE
(a) Residence: No. 183 Charl.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Sa. If married, widowed, or divorced	21. DATE OF DEATH 25, 193 5 (Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from  7
6. DATE OF BIRTH (month, day, and year) Sept., 24-1918	I last saw here alive on May 25 , 1935; death is said
7. AGE Yaars Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 12.20 Cm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
9 Trade profession or patients	ware as follows: Wastorditis, acute left 5/40/35
o. Irade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.	
work was done, as SILK MILL, SAW MILL, BANK, etc.	
II. Total time (years) this occupation (month and year)	
12. BIRTHPLACE (city or town) Lina apolis Mid.	Other Coutributory Causes of importance:
(State or country)	
13. NAME George Genkins	
13. NAME GEORGE CON OF COUNTY OF CONTROL OF COUNTY OF CO	Name of operation Mastor dectory Data of 5/9/35
(State of country)	/ What test confirmed diagnosis? Operation Was there an autopsy? Dr.
16. BIRTHPLACE (city or town) Innumural.	23. If death was due to extarnal causes (VIDLENCE) fill in also the following:
16. BIRTHPLACE (city of town) Change Charles (State or country)	Accidant, suicida, or homicida?
	Whara did Injury occur? (Specify city or town, county and State)
17. INFORMANT COLCER CANADA CA	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Place Duri Del Date May 0 8, 19 35	Manner of injury
19. UNDERTAKER Office Richard	24. Was disease or injury in any way ralated to occupation of deceased?
20. FILED 5 28 1935 When been	(Signed) Post 5. 5. Welch M. D.
Registrar.	(Address) 86 State Circle, Unnapolis, Md
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No.

-	K
BINDING	PERMANENT
듯	4
FOR	IS
RESERVED	INK-THIS
IN K	ADING

1. PLACE OF DEATH County Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS How long in U. S. if of foreign birth?\_\_\_\_\_\_yrs.\_\_\_\_mos. statement ECORD. (a) Residence: No. (Usual place of abode) If nonresident give city or town and State Exact MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 21. DATE OF DEATH 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) (Month) (Day) classified. (Year) 5a. if married, widowed, or divorced CERTLEY. That I attended deceased from (or) WHEE of M certificate. 6. DATE OF BIRTH (month, day, and year) properly 7. AGE Years Months if LESS than Days to have occurred on the date stated above, et ... 1 dey, \_\_\_\_ hrs. The PRINCIPAL CAUSE OF DEATH and releted causes of importance 0r\_\_\_\_\_min. Date of onset 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Jo industry or business in which may work was done, as SILK MILL SAW MILL, BANK, etc... no 10. Date deceesed last worked at 11. (stai time (yeers) spent in this this occupation (month and so that occupetion \_\_\_ & instructions Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) plain (Stete or country) carefully What test confirmed diagnosis? John Was there an autopsy? important. 15. MAIDEN NAME 23. If deeth was due to external causes (VIOL ENCE) fill in eiso the following: Accident, suicide, or homicide?\_\_\_\_\_\_ Date of injury\_\_\_\_\_ 19. 16. BIRTHPLACE (city or town) .... (State or country) pe Where did injury occur? .... (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. plnods 17. INFORMANT (Address) 18. BURIAL CREMATION, OR REMOVAL Manner of injury Nature of injury LION 24. Wes disease or injury in any way related to occupation of deceased? 19. UNDERTAKER If so, specify (Signed).../ Registrar. (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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item of infor-

05118

1. PLACE OF DEATH		(B)
County Anne Arundel	, a	Registration Dist. No. 2I
Village or City Magothy Be	(If	NoSt.,Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death	occurredyrs2_mos	
(a) Residence, No.	C. Kerbe Pulaski st. (Usual place of abode)	St., Ward. Baltimore  If nonresident give city or town and State
PERSONAL AND STATISTICA	L PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  May 28  (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY, That I attended deceased from, 19, 19, 19, 19
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months 5	Days If LESS than 1 day,hrs. ormin.	I last saw h
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	11. Total time (years) spentin this occupation	Accidental drowning:  a loot not involved a Fell off a whonf.  Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Baltimo (State or country)	ore. Nd	!
13. NAME Lewis A. Kerl	pe	
13. NAME Lewis A. Kerl 14. BIRTHPLACE (city or town) (State or country)	Ltimore	Name of operation Dete of Whet test confirmed diagnosis?
	ura Keller Itimore Md.	23. If death was due to external causes (VIOLENCE) fill in elso the following:  Accident, selected:  Dete of Injury, 19
18. BURIAL, CREMATION, OR REMOVAL Place  D  D	ate V- 3/,193V	Manner of injury
(Address) / 3 - 4	yopert a. Bluis	24. Was disease or injury in any way related to occupation of deceased?  If so, specify  (Signed)  M. D.
20. FILED	Registrar.	(Address) ashcless U.S.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "opcrative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroentcritis	1 year

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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M	EESORD. Every item of infor-	PHYSICIANS should state	xact statement of OCCUPA.	\
MARGIN RESERVED FOR BINDING	BWRITE PLACE, WILL UNFADING INK-THIS IS A PERMANENT RESORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
S. No. 1	BWRIPE PL	mation shoul	CAUSE OF	TION is ver

STATE OF MARYLAND	CERTIFICATE OF DEATH (151)	19
1. PLACE OF DEATH	23.	
County Tunk Arundel	Registration Dist. No. 22	
Village or City Millersville	No. St., If death occurred in a horpital or institution, give its NAME instead of street and nu	War
Length of residence In city or town where death occurredyrsmo	s. 2 ds. How long in U.S. il ol foreign birth? yrs. mos	amber) 3d
2. FULL NAME & tauley Northor	veti.	
(a) Residence: No. 1017 Burie (Usual place of abode)	St., Branchusa Md	itata
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)  That The Divorced (write the word)	21. DATE OF DEATH May 28	1935
5a. If married, widowed, or divorced HUSBAND of	(Month) (Day)	(Year)
(or) WIFE of COMMUNE WORKS	22. HEREBY CERTIFY, Thet I attended de	eceased Iro
6. DATE OF BIRTH (month, day, and year) Opr. 22 1897	Hast saw h. Ma alive on May 28 1935.	, 19.2.5
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 5/2 m.	death is sai
38 / 6   1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance	-
8 Trada profession or particular	ware as follows:	Date of onsa
kind of work dona, as SPINNER, Alberte	Vente Vaenumo	May
kind of work dona, as SPINNER, Abrace SAWYER, BOOKKEPER, etc.  SINDUSTRY or business in which work was dona, as SILK MILL, SAW MILL, BANK, atc.  11. Total tima (years)  12. Total tima (years)		10
work was dona, as SILK MILL, Chubring SAW MILL, BANK, atc.  10 Date deceased last worked at 1 11. Total tima (years)	Laberculozia	192
Date deceased last worked at this occupation (month and 3, year)  11. Total time (years) spant in this occupation occupation.	d	
(2a0 tuins	Olher Contributory Causes of importance:	-0 1
12. BIRTHPLACE (city or town)	Hannet Throng	rely
	Grancho - premunica	192
	(unresolved)	4
(State or country)	Name of operation Date of	24
	What test confirmed diagnosis? Was there an au'	opsy?
	23. If death was due to external ceuses (VIOLENCE) fill in also the following:	
2 16. BIRTHPLACE (city or town) (State or county)	Accident, suicide, or homlolde? Date of injury	, 19
Round of Kom VK. L.	Where did injury occur?(Specify city or town, county and State)	
17. INFORMANT (Address)	Specify whether Injury occurred In INDUSTRY, In HOME, or in PUBLIC PLAC	E.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury 20001	
Plantoly Cross- Date 5/3/ ,1928	Natura of Injury None	
19. UNDERTAKATLESKEU Figilkouski his	24. Was disease or injury In any way related to occupation of deceased?	10 -
(Address) 1000 & / Tenural age	If so, specify	
20, FILEMay 28 135 N. J. Janes	(Signed) to hu ! ( e saffy	M. 1
Odep (force ? Registrar.	(Betaress) Something the	us
If more blanks are needed, address State Registrar	2422 N. Charles Street Belsimore Programs (7) C. N.	

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		3.	

ADDITIONAL SI	PACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	1139
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDING

RESERVED

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		GBAIRS	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	infor-	upplied. AGE should be stated EXACTLY. PHYSICIANS should state	CUPA.	
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IARGIN RESERVED FOR BINDING	IS	stat	prop	e instructions on back of certificate.
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IAR	NO	lddn	terr	e ins

mation should be carefully s CAUSE OF DEATH in plain TION is very important. Se

1. PLACE OF DEATH	22-20
County Road Co	Registration Dist. No. 20
Village or City "Mary O	Np. St. Ward
C (If	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME Thomas alexand	~ Me Caster
(a) Residence: Np.	St Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH May 5 , 193 - (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. Man HEREBY CERTIFY, That I attended decaased from
E DATE OF DIDTH (month day and year)	I last saw h un alive on May 4 1935; death Is sain
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the data statad above at/ Am.
68 26 lady,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade, profession, or particular kind of work dona, as SPINNER, / alerman	Ceretral Demorrhage May.
Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Data dacased last worked at this occupation (month and follows)  11. Total time (years) spent in this occupation.	
12. BIRTHPLACE (city or town) Mays Ma	Other Contributory Causes of importance:
(State or country)	when Iclarous when
13. NAME Men Lames Mc tarter	
13. NAME Profession Mc Tarley  14. BIRTHPLACE (city or town) Eastern Shore Lally  (State or country)	Nama of operation
	What test confirmed diagnosis?
15. MAIOEN NAME Elizabeth Haston  16. BIRTHPLACE (city or town) Eastern Short	23. If death was dua to external causes (VIOL ENCE) fill in also the following:  Accident, suicide, or homicide?
(Stata or country) Salver 00	Where did injury occur?
17. INFORMANT Son May L. Me Caster (Address)	(Specify city or town, county and State) Specify whother injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Placa Messevel Com Date May 6, 1935	Nature of Injury
19. UNDERTAKER Robert & Suite	24. Was disease or injury in any way related to occupation of deceased?
(Address) 369 WEST SI	If so, specify
20. FILED May 5 , 1935 ledward Collisson	(Signed) (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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		GBALBOSON	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. FOR BINDING TION is very important. See instructions on back of certificate. MARGIN RESERVED WRITE PLAINLY, WITH

V. S. No. N. B.

STATE OF M	MARYLAND—CERTIFICATE	OF	DEATH	05123
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1. PLACE OF DEATH		(97)	
County Anne Arundel		Registration Dist. No.	
Village or City Crownsvill	e State Hospit	St. Ward	
	2 (	death occurred in a hospital or institution, give its NAME instead of street and number)	
Length of residenca in city or town where death		ds. How long in U.S. if of foreign birth?yrsmosds.	
	m McDaniels	1103 W. Lamale St.	
(a) Residence: No. Prefer	ick County La (Usual place of abode)	St., 118 Ward. Balturner 7714. If nonresident give city or town and State	
PERSONAL AND STATISTICA	L PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. Male black	SINGLE, MARRIED, WIDOWED, OR DIYORCED (write tha word)	21. DATE OF DEATH  REY 21 st , 193 5 (Month) (Dev) (Yaar)	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY, That I attended deceased from March 14th 19 35 to May 21st 19 35	
187	4	Hast saw h im alive on May 21st 19 35: deeth is said	
6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at 2: 454 mile.	
61 Unkno	WII l day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	
8. Trade, profession, or particular		Wera as follows:  Oate of onact  Oate of onact	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Laborer	- excitement 2 for	
9: Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc			
10. Data daceased last worked at this occupation (month and	11. Total time (years) spant in this		
year)	occupation	Othar Contributory Causes of Importance:	
12. BIRTHPLACE (city or town)	and	Carabral arter osolerosis ?	
I rim Wallaniala			
I	irginia	Name of everation	
14. BIRTHPLACE (city or town)(State or country)	**************************************	Name of operation Date of Was there an autopsy?	
15. MAIOEN NAME Elize Hood		23. If death was due to axternal causes (VIOL ENCE) fill In also tha following:	
15. MAIOEN NAME Plize Hood 16. BIRTHPLACE (city or town)	Breland	Accident, suicide, or homicide? Date of injury, 19	
(Stata or country)	1/	Whera did Injury occur?	
17 INFORMANT Hospital Reco	rds	(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.	
(Address) Crownsville			
18. BURIAL, CREMATION, OR REMOVAL indend ind.		Manner of injury	
Placa	) / /	Nature of injury.	
19. UNDERTAKER	on How.	24. Was disease or injury in any way related to occupation of deceased?	
(Address) reducib	2	If so, specify (Signed////////////////////////////////////	
20. FILEO May 1, 10	Registrar.	(Address) Clowneyille M.D.	
If more blan.		, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	- i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street-car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
RESEARCH V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	05124
County C. C. Co.	Registration Dist. No. 25
Village or City arundel Gardens !	No Standbly Md. St., Ward death occurred in a hospital or positivation, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	
2. FULL NAME Mary. Co. M. Sin	gry.
(a) Residence: No. Welldel Gardent in	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
	21. DATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)  Think Married Married Married	(Month) (Day) (Year)
ba. 11 martied, widewed, or diverged HUSBAND of	
tors WIFE of Him Jo Mis Sendey.	Land S to 19 19 19
6. DATE OF BIRTH (month, day, and year) with 12/1872.	I last saw h. 9 alive on May 18 1931; death is said
7. AGE Years Months Days II LESS than	to have occurred on the date stated above at &
62. //. 6. 1 day,his.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.	Carral Opoleley 3/15/2
4 < 9. Moustry of business in which	
	Charic mnocondities Co
SAW MILL, BANK, etc  1D. Date deceased last worked at this occupation (month and year)	Duration: five years.
(1, (1, 0,	Dther Coutributory Causes of importance:
12. BIRTHPLACE (city or town) (State or county)	W. he Mareson
13. NAME TOTALISAL Louinnaul.	The madell
13. NAME OVERSO Lowman.  14. BIRTHPLACE (city or town).  (State or country).	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME VINGENOUS	23. If death was due to external causes (VIOLENCE) fill in also the lollowing:
15. MAIDEN NAME (LINGELLOW).  16. BIRTHPLACE (city or town). L. A. LO.	Accident, suicide, or homicide? Date of injury 19
(State or country)	Where did injury occur?
17. INFORMAND Michofus Mc Seingey	(Specify city or town, county and State) Specily whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address Virendel Garding a a Oostm	
18. BURIAL, CREMATION, OR REMOVAL Place Scale 1, 1935	Manner of injury
Place College And Education (1990)	Nature of injury
19. UNDERTAKER A STATE OF THE CANADA STATE OF	24. Was disease or injury in any way related to occupation of deceased?
Short 10 200 210-1-	(Signed) Attack "Scheunch M.D.
20. FILED No. 19., 19. Registrar.	(Address) 1337 S. Charles By
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
May 1,1923		l year
	1915 1921 July 5,1927 May 1,1923	of importance were as follows:  1915 Attack of epilepsy  1921 Run over by street car  July 5,1927 Peritonitis  Other contributory causes of importance  May 1,1923 Gastroenteritis  OR FURTHER STATEMENTS BY PHYSICIAN

of OCCUPA.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 05125
1. PLACE OF DEATH	(13)
County and al	Registration Dist. Np. 23
	ND. St., Ward f death occurred in a horpital or institution, give its NAME instead of street and number)
	s ds. How long in U.S. If of foreign birth?yrsds.
2. FULL NAME Volu a. MEresha	w
(a) Residence: ND. Carleigh Weight: (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE White S. SINGLE, MARRIED, WIDOWED, OR DIVORCED ("write the word) Married  Married	21. DATE OF DEATH May 12 5 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	Name of the second seco
(OT) MELL Shaw	22.   I HEREBY CERTIFY, Thet I attanded daceased from
6. DATE OF BIRTH (month, day, and year) DEC 7 1855	1935, to May 2, 1931
6. DATE OF BIRTH (month, day, and year) Sec 7 1855  7. AGE Years   Months   Days   If LESS than	to have occurred on the date stated above, at the mean of the stated above, at the stated abo
70 (1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
Trade profession or particular	were es follows:
kind of work done, as SPINNER, Ship Owner	Hemasstage in Thy locais. May10.
industry or hyeinese in which	
O Data deceased last worked et this occupation (month end 1905 spent in this 40 spent)	
7 Companion	Dther Contributory Causes of Importence:
12. BIRTHPLACE (city or town) // // // // // // // // // // // // //	Chronic Irlentillas replietes Syear
13. NAME Vohu Meuskaur	
13. NAME Volus Meuskaut  14. BIRTHPLACE (city or town) Ballo	Nama of operation Data of Data of
(State or country)	What test confirmed diagnosis? 2777/0- Was there an autopsy? 200
15. MAIDEN NAME Mary a. Briffing	23. If death was due to external causes (VIDL ENCE) fill in also the following:
15. MAIDEN NAME Mary Q. Sriffing  16. BIRTHPLACE (city or town) Balto	Accident, suicide, or homicide?
≤ (Stata or country)	Where did injury occur?
17. INFORMANT Clara V. Menshaw (Address) Earleich Habt Mid	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Placa Lorreine Date May 5- 1930	- Nature of injury
19. UNDERTAKER Wen Cook (Address) 12/7 St Paul St	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 3/14, 1935 MR. Beallia Registrar.	(Signed) Some S. Bellingsha M. D.
7 48	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.	12		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

or-	STATE OF MARYLAND—	CERTIFICATE OF DEATH
infor- state WPA-	1. PLACE OF DEATH	05126
on de	County At ( At 1 ) A 1	Registration Dist. No. 21
item of should of OCC	Village or City Ama holoneck	ND. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
nt NS N	Length of residence in city or town where death occurred	
W A Z B	2. FULL NAME Pancy Amy	les
RD. Every PHYSICIANS oct statement	(a) Residence: No. Amount (Usual place of abode)	St, Ward.  If nonresident give city or town and State
P. P. Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
EX.	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH hay 11 193 5
NG FE	5e. If married, widowed, or divorced HUSBAND ol	(Month) (Day) (Year)
BINDING 'ERMANEN EXACT y classified te.	(or) WIFE of Hrank miles	22. I HEREBY CERTIFY, That I attended deceased from
BIN ERN EX cl	6. DATE OF BIRTH (month, day, end year) mkn., 1873	I lest saw her alive on May 11 1935; death is said
	7. AGE Years Months Deys II LESS than	to have occurred on the date stated above, at 1/1-5 m.
FOR IS A I stated properlectifica	6 2   1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
- 70	8. Trede, profession, or perticular kind of work done, as SPINNER,	Hemblera Bate ol onget
ED he pe	SAWYER, BODKKEEPER, etc.	Primary/ Causafi Carebal bearanhage
ERV] K—T hould may back	9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.	Cursing.
RESERVED G INK—THIS GE should be that it may be ons on back of	11. Total time (years)	
RES VG I	this occupation (month and spant in this occupation	
2 4 - 3	la Biptipi Adi (da)	Dther Contributory Courses of importance:
d. so, ucti	12, BIRTHPLACE (city or town) (State or country)	the the factions of
MARGIN H UNFADI Illy supplied. plain terms, see	13. NAME Comin Of seel and	+ arterial mygeriorman
MA supp supp n ter	13. NAME Carried & Released	none
M. H. U. Y. Su ain t	14. BIRTHPLACE (city or town)	Name of operation Dete ol Dete ol What test confirmed diagnosis? Clause of Was there en au'opsy?
fully n pla	W 15. MAIDEN NAME BARAGE ALLOWAN	
a i e	I State of Agenting	23. Il death was due to external causes (VIOLENCE) fill in also the following:
ca TH por	16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide? Date of injury, 19 Where did injury occur?
	marel P Brandana	(Specify city or town, county and State)
	17. INFDRMANT (Address)	Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
PI Shou OF	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
[+]	Place Amapolismick Date May 15,1935	Nature of injury
-WRITE mation s CAUSE TION is	(IB) of home	
Z TEOF	19. UNDERTAKER (Address)	24. Was disease or injury in eny way related to occupation of deceased?
Z S	5. 111 ( de- ) 111 . 24.	(Signed) 4 Willis Marley M. D.
i z (T)	20, FILED 19 30 Registrar.	(Address) Proma Abolis M.D.
		2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.
	address office (CENTAL)	2411 14. Chartes Otrees, Datimore, Requesting O. S. IVO. 1.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		INTERESTATION	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

V. S. No. N. B. should state

1. PLACE OF DEATH	(3)
County a - a -	Registration Dist. No. 2
Village or City Germondown	No.595 losex St., Wa
72 5	(If death occurred in a hospital or institution give its NAME instead of street and a unit and
	nosds. How long in U.S. If of foreign birth?mos
2. FULL NAME Name & mult	Lew
(a) Residence: No. 595 west	St. Ward.
· (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED, OR DIVORCED (white the word)	21. DATE OF DEATH
m w married	(Monthy) (Day) (Year)
HUSBANO of HUSBANO of divorced	(month) (bay) (lear)
(or) WIFE of Jennel Miller	22.   HEREBY CERTIFY, That I attended deceased fr
1011	- 19.35, to may 10, 19.3
DATE OF BIRTH (month, day, and year) Nov 24 - 1861	I last saw h Asse. alive on May 10, 19.35; death is s
AGE Years Months Days If LESS than 1 dey,	to heve occurred on the date stated above, et
93 S 14 ormin.	wars as follows.
8. Trada, profession, or particular	Olyanic nephrilis Wills
sawyer, Bookkeeper, etc	
9. Andustry or business In which work was done, as SILK MILL, Petersel SAW MILL, BANK, etc	
this occupation (mount and 104)	
year) occupation occupation	Other Contributory Causes of Importance:
BIRTHPLACE (city or town) Umapolis my	Chranic gelerio selliaros
(State or country)	- arterial hopertensian my
13. NAME John O meller	arthritis dellarmans
14. BIRTHPLACE (city or town)	Name of operation Oate of
(State or country) Uniferious	
15. MAIDEN NAME mare & One Novald	
7	23. If deeth was due to external ceuses (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
	Where did injury occur? (Specify city or town, county and State)
INFORMANT Florida Miller	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
BURIAL, CREMATION, OR REMOVAL O	2
Colder (skept man 1) 30	
Place Quality and 19	Nature of injury
UNOERTAKER B I Hopeway	24. Was disease or injury in any way related to occupation of deceased?
(Address) amapole of grand.	If so, specify
5-10 25 8/11 20	(Signed) 9: Wills Marlin M
FILEO J. 19.22 XIIIII	111

CTATE OF MADVI AND

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

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Example I	į.	Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebrol hemorrhoge	July 5, 1927	Peritonitis	3 days ogo
Other contributory causes of importance:		Other contributory causes of importance:	
Gollstones	Moy 1,1923	Gastroenteritis	1 year
			11===/1.0

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN	V
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	CERTIFICATE OF DEATH 05128
1. PLACE OF DEATH	92-0
County Anne Arundel Village or City Elvaton, Md.	Registration Dist. No.
Village or City HIV COOT 9 Macs	ND. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
	sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Miller, Matilda. W.  (a) Residence: No. Elvaton Md.  (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
Female White W. OR DIVORCED (write the word)	May 11 ,193 5 (Year)
5a. If married, widowed, or fiverman A. Miller HUSBAND of (or) WIFE of	
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Quad, 31, 1840	Hast saw h. C. alive on 7240 (0, 1923; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 5. A m.
93 ·   0   1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance
8 Trade profession or particular	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Chinic Endocardetio. )
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	altino Schools: Suday
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month end) 3.5 year) ILL Total time (years) spentin this if e	
12. BIRTHPLACE (city or town). Gormany	Other Contributory Causes of importance:
(State or country)	Hugostatia Manueria 4da
置 13. NAME Michel Doroff	
13. NAME Michel Doroff  14. BIRTHPLACE (city or town) Germany (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an au'opsyllo_
15. MAIDEN NAME UNKNOWN	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) Germany (State or country)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT August A. Miller (Address)	(Specify city or town, county and Stale) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place M. J. CalMill Date May 13, 1935	Nature of Injury
19. UNDERTAKER Was Clyoth Jacob Art (Address) J. 7. Af- Jacob Art	24. Was disease or injury In any way related to occupation of deceased?
20. FILED 11. 1935 MARGINA. Registrar.	(Signed) Street Sure To De

If more blanks are needed address State Registrar, 2411 N. Charles Street, Baltimore Requesting U. S. No. 1.

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Example I	l ii	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING	B. WRITE PLANIY, WITH UNFADING INK-THIS IS A PERMANENT REORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	MION is mountaint of the instance of Land. of marification
The vi	B. RITE PLALY,	mation should be care	CAUSE OF DEATH	THION in mount in MOIN

SIAIE	OF MARY	LAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH	/ -		(82°0)
County anne Ch	undel	,	Registration Dist. No.
Village or City Anna  Length of residence in city or town where		ud (li yrs 10 mos	No. St., War f death occurred in a horpital or institution, give its NAME instead of street and number)
		onds	
2. FULL NAME DECor. (a) Residence: No. 157 Kin	7	> }	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATIS	TICAL PARTIC	ULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRI OR DIVORCED		21. DATE OF DEATH  22. 193 5  (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND ol (or) WIFE of			22. I HEREBY CERTIFY, That I attended deceased from
o. DATE OF DIKTH (month, day, and year)	ine 28,19		
7. AGE Years Months	Days 24	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc			no evidence of foul slay. Da murphy gave couse, as: Clal Deal HEmorrhage,
work was done, as SILK MILL, SAW MILL, BANK, etc	11. Total time spent i	e (years) n this tion	Child anoke in morning , exposite and Exectly ing with difficulty. Confectly well, the night before
12. BIRTHPLACE (city or town) Cross (State or country)	rapoles	Ind	Other Contributory Causes of importance:  No autopay . No further information
13. NAME Jolin M 14. BIRTHRIAGE (city or town) Cin	orrow	00	Name of operation Date of
(State or country)	nep a	Ma	Name of operation Date of Was there an autopsy? Note that test confirmed diagnosis? Was there an autopsy? Note that the state of
I 15. MAIDEN NAME Erner	Mond	er	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Erver  16. BIRTHPLACE (city or town) Usu  (State or country)	napolis	land	Accident, suicide, or homlcide? Date of injury, 19
17. INFORMANT Erna L (Address) \$ 131 Jung	Mond	ej	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place	Bleeffen a	123,1933	Menner of injury
19. UNDERTAKER Bh. Hr (Addiess) arenap	ppeny	nd	24. Was disease or injury in any way related to occupation of deceased?  If so, specify
20. FILED 5 22 , 19 35	& gmin	Registrar.	(Signed) Some find the Climation of war on the Charles of the accounting to a round
If mor	e blanks are needed, add	ress State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. J. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i i	Example II	
The principal cause of death and related causes of importance were as follows:  Arterioselerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 05130
1. PLACE OF DEATH	- O 100
County Children Chalded all	Registration Dist. No.
Village or City That The throughout	No. St., Ward
Langth of residence in city or town where death occurredyrs,mos.	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
2. FULL NAME Bensamine (a. Hos	feld/
(a) Residence: No.	St., Ward,
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  5. If married, widowed, or divorced	21. DATE OF DEATH  (Month)  (Day)  (Year)
HUSBAND of Gory WIFE of Yausal Bassford	22. I HEREBY CERTIFY. That I attended deceased from May
6. DATE OF BIRTH (month, day, and year) / 1833	I last sew has allve on May 4, 1935; death is said
7. AGE Years Months Days If LESS than I day, hrs. or min.	to have occurred on the date stated above, at
8. Trada, profession, or particular kind of work done, as SPINNER.	Carcastoma Trastate 1930
SAWYER, BOOKKEEPER, atc.  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased lest worked et bis securation (month and spent in this securation (month and spent in this securation (month and spent in this securation).	5/3/3.5
year) 433 occupation 63	Other Contributory Causes of importance:
(Stete or country)	
13. NAME Nourt Morfolk  14. BIRTHPLACE (city or town) Myery laced.	
4 14. BIRTHPLACE (city or town) (State or country)	Nama of operation
15. MAIDEN NAME Flixabith Hardestu	What test confirmed diagnosis? Was there en au'opsy?
15. MAIDEN NAME Elizabethe Hardisty 16. BIRTHPLACE (city or toyn) Mary Cared (Stata or country)	Accident, suicide, or homicide? Date of Injury, 19
17. INFORMAN Nrs. Dernard Norfolk (Address) Lothian ma	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place MIT Jion, Md. Date May 6, 1935	Manner of injury
19. UNDERTAKER Villiam Welch (Address) Francisco Solub Mid	24. Was disease or injury In eny way related to occupetion of dacaasad?
20. FILED May 6, 19035 11. 12. Cay 03.	(Signed) I B D M. D.  (Address) D L A B D T D D D D D D D D D D D D D D D D D
Notes Regular.	The state of the s

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated ENACTLY. PHYSICIANS should state CATTER OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. V. S. No. 1

County County	Registration Dist. No. 22
Village or City Jessun	NoSt.,St.,Step NoSt.,_St.,
2. FULL NAME Isaach. Otis (a) Residence: No. Jassup M	\St., ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
S. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (white the word)	21. DATE OF DEATH Way 312 ,1935 (Month) (Day) (Yea
ie. If married, widowed, or divorced HUSBAND of (or) WIFE of Malel S. Otto.  5. DATE OF BIRTH (month, day, and year) Quay, 23 <sup>12</sup> , 1876  7. AGE Years Months Deys If LESS than 1 day, hrs. or min.	22. HEREBY CERTIFY That t attended deceded 19.35, to 19.35; death I to have occurred on the date stated above, at 5.30 km.  The PRINCIPAL CAUSE OF DEATH end related causes of Importence
8. Trade, profession, or particular kind of work done, as SPINNER, Deach SAWYER, BOOKKEPER, etc. 7. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month and year)  12. BIRTHPLACE (city or town)	Cancer Lives = Date of Courses of Importance:
(State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Augusta Smith.  16. BIRTHPLACE (city or town) (State or country)  7. INFORMANT (Address)	23. If death was due to external ceuses (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
(Address)  18. BURIAL, CREMATION, OR REMOVAL  Place Double 1 6 3 12 5	Manner of Injury
9. UNDERTAKER H. W. Ellen (Andress) 1944 W. Worth ave Balts, lus	24. Was disease or injury in any way related to occupation of deceased?  If so, specify  (Signed)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
- August			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICI	ADDITIONAL	SPACE FO	OR FURTHER	STATEMENTS	BY	PHYSICIA
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7. AGE  Years  Months  Days  If LESS than 1 day, hrs. or min.  8. Trede, prolession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEPER, etc.  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Dato deceased last worked at this occupation (month and yeer)  12. BIRTHPLACE (city or town)  (State or country)  13. NAME  Multiplication (city or town)  Application (Application)  Application (Application)  Date of the date stated above, etc.  The PRINCIPAL CAUSE OF DEATH end related causes of importance were as lollows:  14. Date of the principal causes of importance were as lollows:  15. Date of the principal causes of importance were as lollows:  16. Date of the principal causes of importance were as lollows:  17. The PRINCIPAL CAUSE OF DEATH end related causes of importance were as lollows:  18. Trede, prolession, or particular to have occurred on the date stated above, etc.  The PRINCIPAL CAUSE OF DEATH end related causes of importance were as lollows:  18. The PRINCIPAL CAUSE OF DEATH end related causes of importance were as lollows:  19. Date of the PRINCIPAL CAUSE OF DEATH end related causes of importance were as lollows:  10. Date of the PRINCIPAL CAUSE OF DEATH end related causes of importance were as lollows:  19. Date of the PRINCIPAL CAUSE OF DEATH end related causes of importance were as lollows:  10. Date of the PRINCIPAL CAUSE OF DEATH end related causes of importance were as lollows:  10. Date of the PRINCIPAL CAUSE OF DEATH end related causes of importance were as lollows:  10. Date of the PRINCIPAL CAUSE OF DEATH end related causes of importance were as lollows:  11. Total time (years)	36
Village or City I hady Siele. (If death occurred in a horpital or institution, give its NAME instead of street at Length of residence in city or town where death occurred. yrs. mos. ds. How long In U.S. if of foreign birth?yrs.  2. FULL NAME. (a) Residence: No. (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE S. SINCLE. MARKEN, WIDOWED, WILL SEA DIVORCED (winke the word)  5a. If married, widowed, or divorced HUSBAND of (Month) (Or). WHED I (Month) (Or). WHED I (Month, day, and year)  7. AGE Years Months Days If LESS than 15. Or min.  8. Trede, prolession, or particular kind of work done, as SPINNER, Or min.  9. Trede, prolession, or particular kind of work done, as SPINNER, Or min.  10. But Over Was done, as SPINNER, Or with this occupation (month and year)  11. Total time (years) spont in this occupation (month and year)  12. BIRTHPLACE (city or town) Angul Annual Council Cy. Name of operation. Date of the propertion.	
Length of residence in city or town where death occurred	0
(a) Residence: No.  (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  Mell  Mobile  St., Ward.  MEDICAL CERTIFICATE OF DEATH  Married, widowed, or disposed  HUSBAND 01  (Or)  MEDICAL CERTIFICATE OF DEATH  Married, widowed, or disposed  HUSBAND 01  (Month)  (Month)  (Day)  22.  LI HEREBY CERTIFY. That I etlend  Married, widowed, or disposed  HUSBAND 01  (Or)  MARRIED, WIDOWED  Mobile  C. Sewell  St. JI HEREBY CERTIFY. That I etlend  Married, widowed, or disposed  HUSBAND 01  (Month)  (Month)  (Day)  12.  LI HEREBY CERTIFY. That I etlend  Mary  19.35  10. Hast saw him elive on Mary  19.35  10. have occurred on the date stated above, et.  Mary Mills, Bank, etc.  10. Date deceased last worked at this occupation (month and year)  Morried (eity or town)  Married, widowed, or disposed  11. Total time (years)  Soziant in this occupation (month and year)  Married, widowed, or disposed  12. BIRTHPLACE (city or town)  Married, widowed, or disposed  MEDICAL CERTIFICATE OF DEATH  Mary  (Month)  (Day)  12.  DATE OF BEATH  Mary  (Month)  (Day)  12.  DATE OF DEATH  Mary  (Month)  (Day)  13. MARRED DISPOSED  MEDICAL CERTIFICATE OF DEATH  MEDICAL CERTIFICATE OF DEATH  Mary  (Month)  (Day)  14.  15. DATE OF DEATH  Mary  (Month)  (Day)  16.  18. THEREBY CERTIFY. That I etlend  19. St.  18. The PRINCIPAL CAUSE OF DEATH end related causes of importance  were as follows:  A about Mary  Mary  MEDICAL CERTIFICATE OF DEATH  Mary  (Month)  (Day)  12.  DATE OF DEATH  Mary  (Month)  (Day)  13. MARRED, WICKERPER, etc.  SINCE, MARRED, WICKERPER, etc.  MEDICAL CERTIFICATE OF DEATH  MARY  (Month)  (Month)  (Day)  12.  DATE OF DEATH  MARY  MEDICAL CERTIFICATE  MARY  (Month)  Mary  (Month)  Mary  (Month)  Mary  (Month)  Mary  (	Ward d number)
(a) Residence: No.  (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  Mell  Month	mos ds.
(Usual place of abode)    If nonresident give city or town of personal and statistical particulars   S. SEX	
PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  Mell  Nobite	
A. COLOR OR RACE  Mell  Notable  S. SINGLE, MARRED, WIDOWED, OR DIVORCED (wince the word)  Mell  Notable  S. SINGLE, MARRED, WIDOWED, OR DIVORCED (wince the word)  Notable  S. SINGLE, MARRED, WIDOWED, OR DIVORCED (wince the word)  Days  I HEREBY CERTIFY. That I ettend  S. DATE OF BIRTH (month, day, and year)  Months  Days  I LESS than  I day, hrs. Or min.  The PRINCIPAL CAUSE OF DEATH and related causes of importance  were as Iollows:  Trede, prolession, or particular kind of work done as SFINNER, SAW MILL, BANK, etc.  SAW MILL, BANK, etc.  Dato deceased last worked at this occupation (month and year)  SAW MILL, BANK, etc.  Dato deceased last worked at this occupation (month and year)  Socupation  Socupation  On the principal of the date stated above, etc.  SAW MILL, BANK, etc.  Dato deceased last worked at this occupation (month and year)  Socupation  On the principal of the word of importance:  Dither Contributory Causes of importance:  Dither Contributory Causes of importance:  Dither Contributory Causes of importance:  Date of Contributory Causes of importan	ad State
Mele Johite R DIVORCED (write the word)  is a If married, widowed, or divorced HUSBAND of (or) WHEFOF Marrie L Sewell  5. DATE OF BIRTH (month, day, and year) RM 19 18 86  7. AGE Years Months Days If LESS than 1 day, hrs. or. min.  1 day, hrs. or. min.  3. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.  1. Industry or business in which work was done, as SPIK MILL, SAW MILL, BANK, etc.  10. Dato deceased last worked at this occupation (month and year)  10. Dato deceased last worked at this occupation (month and year)  10. Dato deceased last worked at this occupation (month and year)  11. Total time (years) spant in this occupation (month and year)  12. BIRTHPLACE (city or town) Republic Results of Importance:  13. NAME Republic Country Ranks  14. BIRTHPLACE (city or town) Republic Ranks  14. BIRTHPLACE (city or town) Republic Ranks  14. BIRTHPLACE (city or town) Republic Ranks  15. Name of operation.  16. Date of operation.  17. Date of operation.  18. Date of Divorced Muscape (Day)  19. Served Miles Republic Ranks  19. Solution of the date stated above, etc. 5. a.m.  19. The PRINCIPAL CAUSE OF DEATH end related causes of importance were as Iollows:  19. Date of Death Republic Ranks  10. Date of operation.  10. Date of operation.  10. Date of operation.  10. Date of operation.  11. Total time (years) Spant in this occupation of month and year).  12. BIRTHPLACE (city or town) Republic Ranks  13. NAME Republic Ranks  14. BIRTHPLACE (city or town) Republic Ranks  15. Name of operation.  16. Date of the date stated above, etc. 5. a.m.  18. Trede, profession, or particular to have occurred on the date stated above, etc. 5. a.m.  19. Saw of the profession of the date stated above, etc. 5. a.m.  19. Saw of the profession of the date stated above, etc. 5. a.m.  19. The PRINCIPAL CAUSE OF DEATH end related causes of importance were as Iollows:  10. Date of the profession of the date stated above, etc. 5. a.m.  11. Total time (years) Spant in this occurred to the profession of the	
HUSBAND of (or)—WHE of Marrie P. Servell  DATE OF BIRTH (month, day, and year)  AGE Years Months Days If LESS than 1 day, hrs. or min.  S. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.  S. Hudustry or business in which work was done, as SIEK MILL, SAW MILL, BANK, etc.  D. Date deceased last worked at this occupation (month and yeer).  D. BIRTHPLACE (city or town) Argue Arundel Constitution (State or country)  D. BIRTHPLACE (city or town) Argue Arundel Constitution (City or town) Argue Arundel Constitution.  D. Date of DEATH and related above, etc. S. A. m.  The PRINCIPAL CAUSE OF DEATH end related causes of importance were as lollows:  D. Date of DEATH end related causes of importance were as lollows:  D. Date of DEATH end related causes of importance were as lollows:  D. Date of DEATH end related causes of importance were as lollows:  D. Date of DEATH end related causes of importance were as lollows:  D. Date of DEATH end related causes of importance were as lollows:  D. Date of DEATH end related above, etc. S. A. m.  The PRINCIPAL CAUSE OF DEATH end related causes of importance were as lollows:  D. Date of DEATH end related above, etc. S. A. m.  The PRINCIPAL CAUSE OF DEATH end related causes of importance were as lollows:  D. Date of DEATH end related above, etc. S. A. m.  The PRINCIPAL CAUSE OF DEATH end related above, etc. S. A. m.  The PRINCIPAL CAUSE OF DEATH end related above, etc. S. A. m.  The PRINCIPAL CAUSE OF DEATH end related above, etc. S. A. m.  The PRINCIPAL CAUSE OF DEATH end related above, etc. S. A. m.  The PRINCIPAL CAUSE OF DEATH end related above, etc. S. A. m.  The PRINCIPAL CAUSE OF DEATH end related above, etc. S. A. m.  The PRINCIPAL CAUSE OF DEATH end related above, etc. S. A. m.  The PRINCIPAL CAUSE OF DEATH end related above, etc. S. A. m.  The PRINCIPAL CAUSE OF DEATH end related above, etc. S. A. m.  The PRINCIPAL CAUSE OF DEATH end related above, etc. S. A. m.  The PRINCIPAL CAUSE OF DEATH end related above, etc. S. A. m.  The PRINCIPAL	, 193.5- (Year)
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8. Trede, prolession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.  1. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Dato deceased last worked at this occupation (month and year)  12. BIRTHPLACE (city or town)  13. MAME  14. BIRTHPLACE (city or town)  15. Name ol operation  16. Date of operation  17. Date of operation  18. Trede, prolession, or particular were as loflows:  19. A A Presumanta  11. Total time (years) spant in this 3 2 occupation  2 Dther Contributory Causes of importance:  15. BIRTHPLACE (city or town)  16. Date of operation  17. Date of operation  18. Date of operation  19. Date of operation	
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Dato deceased last worked at this occupation (month and year)  22. BIRTHPLACE (city or town)  (State or county)  13. NAME  14. BIRTHPLACE (city or town)  And Present and Spinner (years)  spant in this occupation  Deter Contributory Causes of importance:  Name of operation  Date of	Data of onsat
SAW MILL, BANK, etc  10. Dato deceased last worked at this occupation (month and yeer)  11. Total time (years)	lefe
11. Total time (years) spant in this 3 z occupation (month and yeer)  12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town)  15. Date of operation  16. Date of operation  17. Total time (years) spant in this 3 z occupation  2 Deter Contributory Causes of importance:  18. NAME  19. Date of operation  19. Date of operation  10. Date of operation  11. Total time (years) spant in this 3 z occupation  12. Date of operation  13. NAME  14. BIRTHPLACE (city or town)  15. Date of operation  16. Date of operation  17. Date of operation  18. Date of operation  19. Date of operation	26
this occupation (month and spant in this 3 Z occupation)  12. BIRTHPLACE (city or town) Angle Arundel Co (State or country)  13. NAME Arundel Parks  14. BIRTHPLACE (city or town) Angle Arundel Co Name of operation.  Date of	1835
12. BIRTHPLACE (city or town) And Parks  13. NAME And Configurate Annual Configuration Name of operation	
(State or country)  13. NAME HM Confey Parks  14. BIRTHPLACE (city or town) Andrew Arundel Common Date of Confession Date of Co	
13. NAME Jon Confe Parks  14. BIRTHPLACE (city or town) Arfane Prundel Con Name of operation.  Date of	
14. BIRTHPLACE (city or town) Asfare Arandel Co. Name of operation	
Chata as assumbus	
What test confirmed diegnosis? Wes there e	n autopsy?
15. MAIDEN NAME Sarah Ellen Jones  16. BIRTHPLACE (city or town) Anne Wrundel & Accident, suicide, or homicide?  17. Maident, suicide, or homicide?  18. Date el Injury	ng:
16. BIRTHPLACE (city or town) - Munic - Mrundel & Accident, suicide, or homicide?	, 19
Where did injury occur? (Specify city or town, county and	late)
17. INFORMANY Mus John R Grener Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC (Address)  Shelyside	PLACE.
18. BURIAL, CREMATION, OR REMOVAL	
Place Zucker Cen Dete Muy 7, 1935 Nature of injury	
19. UNDERTAKER A Hardenly & Down 24. Wes disease or Injury In any way related to occupation of deceased?	no
(Address) Valuabille Mid II so, specify	
20. FILED May 5 , 1935 Geo Dend M. (Signed) (Address) Chun Chefre M. S. No. 1.	M. D

MARGIN RESERVED FOR BINDING

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II		
The principal cause of death and rel of importance were as follows:	ated causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1825	1915	Attack of epilepsy	1 week ago	
Chronie interstitial nephritis		1921	Run over by street car	1 week ago	
Cerebral hemorrhage	J V. S.	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importa	ance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

1. PLACE OF DEATH  County A Willage or City Association (County)	Registration Dist. No. 2/  No. 34 Confuse St., Ward (If death occurred in a horpital or justitution, give its NAME instead of street and number)  mos. ds. How long In U.S. if of foreign birth? yrs. mos. ds.
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OR RACE OR DIVORCED (syrice the word)	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. May 1 HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) May 12-1935	i last saw h. Sandon Suo 1, 19 ; death is said
7. AGE Years Months Days If LESS that 1 day,	The PRINCIPAL CAUSE OF DEATH and related ceuses of importance
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and year)	Other Contributory Causes of importance:
(State or country)	Mendy
14. BIRTHPLACE (city or town)	Name of operation Reneral Date of Mary 1 7 1/2) What test confirmed diagnosis? Church Was there an au'opsy?
15. MAIDEN NAME Loathern anderson  16. BIRTHPLACE (city or town)  (State or country) maryland	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
17. INFORMANT Henry Pallinson (Address) and offelit mo	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Delese Hell Date May 13, 19.	Menner of injury
19. UNDERTAKER 3. 2. 24 of 6. 19. 20. FILED 5. 1. 2. 19. 55 Registrar.	24. Was disease or injury In any way related to occupation of deceased?  If so, specify  (Signed)  (Address) 44 Jacob Medica — Management of the second of t

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FU	RTHER STATE	MENTS BY	PHYSICIAN
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PHYSICIANS should state Exact statement of OCCUPA-D. Every item of infor-UNFADING INK-THIS IS A PERMANENT R stated EXACTLY. mation should be carefully supplied. AGE should be stated EXACTL CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. AGE should be

# STATE OF MARYLAND—CERTIFICATE OF DEATH

05134

1. PLACE OF DEATH				23	TUI
County ans	re are	ende	l	Registration Dist. No.	20
Village or City	Harris	rd,	rud.	No. St., death occurred in a hospital or institution, give its NAME instead of street and n	Ward
Length of residence in city or	town where death occu	ırred		ds. How long in U.S. if of foreign birth?yrsmc	
2. FULL NAME	way Ps	earl	Phil	ofer	
(a) Residence: No.	(U	Hau sual place of a		ASt., Ward.  If nonresident give city or town and	State
PERSONAL AND S	TATISTICAL	PARTIC	JLARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR Jewale who			D, WIDOWED, rwrite the word)	21. DATE OF DEATH may 1, (Day)	, 193 3 (Year)
5a.MIf married, widowed, or divorced HUSBAND of (or) WIFE of		J		22. I HEREBY CERTIFY, That I attended heavy 9 19 35 to heavy 9	deceased from
6. DATE OF BIRTH (month, day, and	war aras	1 29	1893	1 1 01	; deeth Is said
7. AGE Years		Days	If LESS than	to have occurred on the dete stated above, at 4.352 m.	
41	9 2		1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importence	
8 Trade profession or particul	lar		ormin.	were es follows: Pulmonary Subradoris	Oata ol onsat
9. Industry or business in which	ch				
work was done, as SILK SAW MILL, BANK, etc	MILL,				
SAW MILL, BANK, etc  10. Date deceased last worked a this oscupation (month ar year)	nd	11. Total time spent i occupal	n this		
12. BIRTHPLACE (city or town)	Bustol.	hid	•	Other Contributory Causes of Importance:	*
# 13. NAME Thrue	. Phil	Las			
프		1000	.T	Name of operation Date of	-
14. BIRTHPLACE (city or town). (Stete or country)		0,000		What test confirmed diagnosis? Wes there an a	utaney?
E 15. MAIOEN NAME Cars	oline Col	lline	m	23. If death was due to external ceuses (VIOLENCE) fill in also the following	
15. MAIOEN NAME Car	alorest C	in	5	Accident, suicide, or homicide? Date of injury-	
(State or country)		20		Where did injury occur?	
17, INFORMANT (Address)	sel !	help	100 m	(Specify city or town, county and Stat Specify whether Injury occurred In INDUSTRY, In HOME, or in PUBLIC PL	e) ACE.
18. BURIAL, CREMATION, OR REMOV	VAL Liep. Dete.	Mai	1/2,1935	Manner of injury	
19. UNDERTAKER Tole	1 Nov	do	- Mol	24. Was disease or injury in eny way related to occupation of deceased?	4
20. FILED May 9 43	5- 11.7	9.00	ay to	(Signed) Emily H Wilson	M. D.
1		Pozal	Registrar.	(Address)	

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		H.C. W. Hoods	
Other contributory causes of importance:		Other contributed causes of must tance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		100	

BINDING

RESERVED

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		No. 1 San San Service Control of the	0 0 -
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. B ż should state

of OCCUPA-

STATE OF MARYLAND—CERTIFICATE OF DEATH	05136
F DEATH  Anne Arundel Registration Dist. No.	21
Oity Weems Creek  No.  (If death occurred in a hospital or institution, give its NAME instead or idence In city or town where death occurred. 7 yrs. 3 mos. 26 ds. How long In U.S. if of foreign birth? yrs.  TRANK ATCLIST SAZAMA	f street and number)ds.

1. PLACE O	F DEATH			213-700	
County	Anne Ar	undel		Registration Dist. No. 21	
Village or (			7 3 (lí	No. St., f death occurred in a hospital or institution, give its NAME instead of street and	War
Length of res	idence in city or town where d			. 26 ds. How long in U.S. if of foreign birth?	nosds
2. FULL NA  (a) Resider	ME FRANK A'			St., Ward.	. 14
		(Usual place		If nonresident give city or town and	d State
	NAL AND STATIST			MEDICAL CERTIFICATE OF DEATH,	-
male male	4. COLOR OR RACE		RIED, WIDOWED, D (write the word) 16	21. DATE OF DEATH May 15 ll	, 193 5 (Yeer)
5e. If merried, widow HUSBANO of (or) WIFE of	ved, or divorced			22. I HEREBY CERTIFY, That I ettended	
6. DATE OF BIRTH	(month, day, end yeer) Ja.	nuary 1	9. 1928	l Test saw h elive on 19	, 19 : death is sai
	ers Months	Days 26	If LESS then 1 dey,hrs.	to heve occurred on the dete stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importence were es follows:	
SAWYER  9. Industry or work we SAW MI  10. Date deceas	ession, or perticuler work done, es SPINNER, t, BOOKKEEPER, etc. business In which is done, as SILK MILL, LL, BANK, etc. pation (month end	choolbo		a loost was involved Bay was pushing worder country bridge of in vower book; fell out	salf
12. BIRTHPLACE (ci		olis. yland.		Other Contributery Course of Importance.	-
当 13. NAME F	rank J. Saz	ama	1927		
	E (city or town)	ustria		Neme of operation Dete of What test confirmed diagnosis? Wes there en	
15. MAIOEN NA	ME Christine	Bohne		23. If deeth was due to external causes (VIQL ENCE) fill in also the following	
16. BIRTHPLACE (city or town) (Stete or country)  New York  17. INFORMANT Mr. Frank J. Sazama				Accident, suicide, or homicides LECCULUI. Dete of Injury	
(Address) W	lest Annapol		***************************************	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PI	LACE,
18. BURIAL, CREMAT	tion, or removal apolis, Md.	DetaMay	19, 19,35	Menner of Injury	
(Address)	John M. Tay Annapolis,	Md.	***************************************	24. Wes discese or injury in any wey releted to occupation of deceesed?	P
1-1	0 3 C- V	MAL	An	(Signed theo M A 1 aus i-14	. (O. 1)

Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I	1	Example II	100
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL S	SPACE	FOR	<b>FURTHER</b>	STATEMENTS	BY	PHYSICIAN
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If more blanks are needed, address State Registrar, 2411 N. Chafles Street, Baltimore, Request

(Year)

BINDING

RESERVED

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Example I Example II The principal cause of death and related causes | Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 weck ago Chronic interstitial nephritis 1 week ago 1921 Run over by street car Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYS	ICIA	AN
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Menner of injury

Nature of injury

If so, specify (Signed)

24. Wes disease or injury in any wey related to occupation of deceased

Ward

(Yeer)

Date of onset

\_St.,\_\_

OF

CAUSE mation

TION

WRITE

(Address)

19 UNDERTAKER (Address

BINDING

MARGIN RESERVED

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Chronic interstitial nephritis	1921	Run over by street car	1 week ogo
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		MEGELAFA	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	السينسال		

1 <sub>DLAC</sub>	E OF DEATH
	ame arundel
llage or C	Enthrous 4/5

and.				
	6	100	No.	The

# STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. > 3

Village or City inthices 4/7= (No	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale. Lerman. (Write the word)	16 DATE OF DEATH May 29, 1335 (Month) (Day) (Year)
6 DATE OF BIRTH  Mach 20, 1860  (Nonth) (Day) (Year  7 AGE   If LESS than   day hrs.	that I last saw h. Malive on May 28, 1927, that I last saw h. Malive on May 28, 1987, and that death occured on the date stated above, at 2 m.  The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed (r (employer)  9 BIRTHPLACE (State or country)	(Durstion) yre mas 3 de.  Contributory Carlerio Selevoris
(State or country) Germany  10 NAME OF FATHER  11 BIRTHPLACE	(Signed)
C (State or country)	*State the Discase Causing Peath, or, in deaths from Violent Cause, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
13 DIRTHPLACE OF MOTHER  (State or country)  12 MAIDEN NAME LIN/Known  -  13 DIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (For Lospitals, Institutions, Transients or Recent Residents)  At place of death yis mos. ds. State yrs mos ds.  Where was disease contracted,
(Informant)  (Address)  (Address)  (Address)	if not at place of death?  Former or usual nesdence.  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  Auden and August August 1935.
Filed 1 135 Malalba Sep Registra	Thomas W. Dingleton huthiam Nahte.
If more b.anks are needed, addross State Registrat	, 16 W. Saratoga St., Bulto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more process. The defendance of the en at home, who are engaged in the duties of the en at home, who are engaged in the duties of the en at home, who are engaged in the duties of the en at home, who are engaged in the duties of the en at home, who are engaged in the duties of the en at home, who are engaged in the duties of the additional line is provided for the latter statement; it state occupation at beginning of illness. If retired from gayed in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully em-Spinner, (b) Cotton mill; (a) Salesman. (b) Grovery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: c) nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Physician, Compositor, Archifeet, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health Statement of Occupation Precise stutement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return 'Laborer,'" 'Foreman," 'Manager," 'Deal-For many occupations a single word or term on 34.8). For persons who have no occupation (a) the kind of work and also (b) the

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. E amples: Cerebrospinal fever (the only definite synonym is ""pidemic cerebrospinal menic, itis"); Diphtheria avoid use of "Croup"; Typhoid fever (never report "Typhoid Pneumonia"; tobor ynoumonia. Branchopnenumonia ("Pneumonia";

atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Ilaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock." American Medical Association.) "Inanition," "Marasmus," "Old Age, "Shock" Uracmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify: I tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. use of "Tumor" for malignant neoplasms); Measles, inges, perilonaeum, etc., Carcinoma, Sarcoma,, etc., of as fracture of skull, and consequences (e.g., se, ws, telanus) may be stated under the head of "contributory". carbolic acid-probably suncide. The nature of the injury, or as probably such, if impossible to determine definitely. taken. FOR VIOLENT DEATHS State MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonitis," diseases resulting from childbirth or miscarriage as causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, menaccident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICI' A., Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-.... (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condiby Committee on Nomenclature of the cough, Chronic etc. valvular heart disease, The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. I she data is essential and must be obtained before the certificate is permanently filed.

V.S. No

	OF DEATH	a Amundal		(18)		Diet No. 27	
CountyAnne Arundel					Dist. No.		
	city Ft. Geo. G		(I	No. Station  death occurred in a hospital or ins  death occurred in understanding in U.S.			
2. FULL N	AMF Alfred	LeRoy The	omas.				
\.	ence: No. 1210 Wi		NE	St., Ward.	Washingt	on, DC.	nd State
PERSO	NAL AND STATIST	ICAL PARTI	CULARS	MEDICAL	CERTIFICAT	E OF DEATH	
3. SEX	4. COLOR OR RACE		RIED, WIDOWED,  O (write the word)	21. DATE OF DEATH	May (Month)	5th	, <sub>193</sub> 35
5a. If married, wid	lowed, or divorced				(MOREII)	(Day)	(Year)
HUSBAND of (or) WIFE of				22. May 4	35 CERTIF	That I attende	d deceased from
6. DATE OF BIRT	H (month, day, and year)	July 14,	1916	I last saw h im alive on_	May 5,	, 1,35	; death is sale
1	Years   Months	Days	If LESS than 1 day, hrs. or min.	to have occurred on the date st The PRINCIPAL CAUSE OF DI were as follows:	EATH and related car	uses of importance	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc Coal Yard Helper 9. Industry or business in which work was done, as SILK MILL, SAW, etc Coal Yard			Cerebro-spin				
			(epidemic)			May 4,	
						1935.	
10. Date dece	eased last worked at cupation (month and	11. Total ti	me (years) It In this 3				
12. BIRTHPLACE (city or town) Washington			Other Cantributory Causes of It	mportance:		**	
		DC_					
13. NAME	Harry Thoma						
4. BIRTHPLA	CE (city or town)Not	known				Date of.	2.7
	or country)			What test confirmed diagnosis?		Was there an	autopsy?NO
15. MAIDEN	NAME Maggie Wi	lliams		23. If death was due to external			ng:
Miles	CE (city or town)			Accident, suicide, or homicide?			, 19
(State	or country) Mary	land		Where did Injury occur?	(Specify city	or town, county and St	ate)
17. INFORMANT Brother of deceased (Address) Washington, DC.			(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.			LACE.	
18. BURIAL, CREM	ATION, OR REMOVAL			Manner of injury			
Place_Wa	shington, DC.	Date	, 19	Nature of injury	<b></b>		
	John T. Steva 30 "H" St., NE		on, DC.	24. Was disease or injury in any	France		No
20. FILED MA	75 , 1935 €.	E. Trees	Registrar.	(Signed) C. E.  (Address) Ft.	Geo. G. 1	Meade, Md.	M. [

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

STATE OF	MARYL	AND-	CERTIF	ICATE	OF	DEATH
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05141

1. PLACE OF DEATH		(33)
County	· · · · · · · · · · · · · · · · · · ·	Registration Dist. No.
Village or City Lave doan	rilles 100 fills	NoSt., Ward death pocured in a hospital or institution, give its NAME instead of street and number)
Length of residence in city-or town where death occurred	yrs. Ames.	. Mg ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Odarles her	nas	1.
(a) Residence: No. (Usual place of a	bode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICU	JLARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIE OR DIVORCED (A	write the word)	21. DATE OF DEATH May 30 (Mgnth) (Dey) (Year)
Se. If married, widowed, or divorced HUSBAND of Plant and Long Contact	Thomas	22. I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of		Jan 10 1934 to Man 30 4 1935
6. DATE OF BIRTH (month, day, and year) 1883		Hast saw h Lim alive on May 797 1934; death is said
7. AGE Years Months Deys	If LESS than	to have occurred on the date stated above, at
	I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were es follows:
8 Trade profession or particular		Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this eccupation (month end		V
	(years) n this ion	
12. BIRTHPLACE (city or town). (State or country)		Other Control Cannes of importance:
I 13. NAME W. Miam Chyman	2	
13. NAME / / / / / / / / / / / / / / / / / / /	1	Name of operation
	20-1	What test confirmed diagnosis? Was there an autopsy (III)
15. MAIDEN NAME Sand Strong Phone  16. BIRTHPLACE (city or town)  (State or country)	WW	23. If death was due to external causes (VIOLENCE) fill In also the following:  Accident, suicide, or homicide?
17. INFORMANT A Lie romas (Address) Doc Joen 2, ll	In.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place San Asom long June	1 ,19.33	Manner of injury
19. UNDERTAKER (Address) Dave don vitte A	7 {	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Mg 3(, 19 35 Colora of Co	Registrar.	(Signed) Modion of Layer M. D.  (Address) A or Joan of the M. D.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		day 13038	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gas roenteritis	1 year

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BINDING

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	7 2
County ann arundel Co.	Registration Dist. No. 25
Village or City Marley Creek	No. Be aunapolis Blod, St., Ward
	death occurred in a horpital or instrution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
2. FULL NAME James G. Judines	
(a) Residence: Not Amapholis Blade	St Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Sciegal	21. DATE OF DEATH  May  (Mon(h)  (Oay)  (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended decaased from
O.T 11 19AG	, 19, to, 19,
6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Days If LESS than	I last saw h alive on, 19; death is said
2 7 ( 1 day,hrs.	to have occurred on the date stated above, at
- 8. Trada, profession, or particular	were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Landing,
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Oato deceased last worked et this occupation (month and	
SAW MILL, BANK, etc	
this occupation (month and spant in this year)	
12. BIRTHPLACE (city or town) Balterna Med.	Other Contributory Causes of Importanca:
(State or country)	
13. NAME Thomas A Lydings	
13. NAME Thomas A Lydings 14. BIRTHPLACE (city or town) dim armsere Co	Name of operation Date of
(State of country) Ava.	What test confirmed diagnosis? Was there an au'opsy?
15. MAIOEN NAME aum L. Kidwell	23. If death was due to external causes (VIOLENCE) fill in elso the following:
15. MAIOEN NAME auni L. Kidwell 16. BIRTHPLACE (city or town) SWEST POT (State or country) Breltiman Co. Mid	Accident, suicide, or homicide?
(State or country) Baltiman Ca. Mid	Whare did injury occur? (Specify city or town, county and State)
17. INFORMANT take honged to Tychings (Addrass) Connepoling Blode	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Le Clar Hell Data May 3, 1935	Nature of injury
19. UNDERTAKER John F Denny	24. Was disaase or injury in any way related to occupation of deceased?
(Addiess) 915 Light 2t.	If so, specify
20. FILED 6 /1 2 , 19 35 A POCILIA	(Signed) Chod-L-Ball Ju. M. D.
Registrar.	(Address) Lullicum 104 15, Med

If more blanks are needed, oddress State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the decased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V.	1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis ·	1 year

V. S. No.

PHYSICIANS should state Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. mation should be carefully supplied. AGE should be

STATE	OF	MARYLAND—CERTIFICATE OF DEATH	05144
EATH		<u> </u>	4 /

1. PLACE OF DEATH	23)
County Ame Arandel 1	Registration Dist. No. 2
	No. St., Ward death, occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. If of foreign birth? yrs. mos. ds.
Pagatt. Wallen	
2. FULL NAME	O. W
(a) Residence: No. Baltinore City (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
female black 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  Nay 25th  (Month) (Dey) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 2dward	22.   HEREBY CERTIFY, That I attended deceased from April 22nd 1930 to May 25th 1935
6. DATE OF BIRTH (month, day, and year) 1902	I last saw h er elive on 118 / 25th 1935; death is said
7. AGE Years Months Days If LESS than 1 day,hrs. orhrs.	to have occurred on the data stated above, at 2.15P.m  The PRINCIPAL CAUSE OF DEATH and related causes of Importence
8 Trade profession or particular	Pulmonary hemorrhage due to
kind of work done, as SPINNER, HOUSEWORK SAWYER, BOOKKEPER, etc. Industry or business in which work was done, as SILK MILL.	undiagnos ed pulaonary tuberculosis
work was done, as SILK MILL, SAW MILL, BANK, etc.	
11. Total time (years) this occupation (month and spant in this	
year) occupation  12. BIRTHPLACE (city or town) Larth Caroline (State or country)	Other Centributery Causes of Importance:
I william towns of the aid	
13. NAME VILLIAM James Kindlard  14. BIRTHPLACE (city or town) Lorth Carolina  (Stata or country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Maggie Woods	23, If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide?Date of Injury19
IOSDITEL Records	Where did injury occur?  (Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.
(Addrass) OF STATE VILLE, 1.81, 1.811	Manner of Injury
Place Johnson Carulapata May 30, 1935	
19. UNDERTAKER JOSEPH Q. Lively Ballinghe mod.  20. FILED 12 1900 To January 1	24. Was disease or Injury in any way related to occupation of deceased?  If so, specify  (Signed)  M. D.
Registrar.  If more blanks are needed, address State Revistrar.	(Address)  Address Street, Baltimore, Requesting U. S. No. z.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
	-31/0		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state Exact statement of OCCUPA-CY, WHAN UNFADING INK-THIS IS A PERMANENT K AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. ARGIN RESERVED FOR BINDING mation should be carefully supplied. B.-WRITE PLAN

V. S. No. 1

TION is very important. See instructions on back of certificate.

RD. Every item of infor-

1. PLACE OF DEATH	CERTIFICATE OF DEATH 05145
County aure accorded	Registration Dist. No.
Village or City Levell	NoSt.,Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of rasidanca in city or town where death occurredyrs,mo	sds How long in U. S. if of foreign birth?yrsmosds.
2. FULL NAME LL Program Chastle	,
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  Control of the color of	21. DATE OF DEATH  (Month) (Day) (Year)
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of	22. 1 HEREBY CERTIFY, That I attended decaasad from
6. DATE OF BIRTH (month, day, and year) Sept. 18, 1853	I last saw h alive on
7. AGE Yaars Months Days If LESS than	to have occurred on the date stated abova, at
81 28 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Joruse Market SAWYER, BDDKKEEPER, etc.	LASA Shills All has been been been been been been been bee
9. Industry or business In which	16 50 188 2 Staft & Children
work was dona, as SILK MILL, SAW MILL, BANK, atc	- A Marian Maria
O 10. Date deceased last worked at this occupation (month and year) year)	
flance face f	Othar Contributory Causes of importanca:
12. BIRTHPLACE (city or town)  (State or country)	
13. NAME Curreown	
14. BIRTHPLACE (city or town)	Name of operation Date of
(Stata of Country)	What test confirmed diagnosis?
15. MAIDEN NAME CUCKURION	23. If daath was due to external causas (VIDLENCE) fill in also the following:
15. MAIDEN NAME CLUSTON  16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
S (State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Vayson (Addrass) Lewell vid.	Specify whether injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, GR REMOVAL . Way 19 35	Mannar of injury
Place Date 19.	Nature of Injury
19. UNDERTAKER Later free (Address) Free asterp. and.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Way 16, 1935 W. A. Claylon	(Signad) M. D.
	, 2421 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of cpilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

BINDING

MARGIN RESERVED

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Example I	[ ]	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BURRAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, c. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1,1923 1 year

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No.

TION is very important. See instructions on back of certificate.

STATE OF	MARYLAND-	-CERTIFICATE	OF	DEATH	0514
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1. PLACE OF DEATH	CERTIFICATE OF DEATH 05148
County Renne, arendel	Registration Dist. No. 23
Village or City Premp Revy (11	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. If of foreign birth? yrs. mos. ds.
(a) Residence: No. Musery Road (Usual place of a bode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Manuage	21. DATE OF DEATH  7, 193 5 (Month) (Oay) (Year)
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of Mangarel Wellwel  6. DATE OF BIRTH (month, day, and year) April 17 188  7. AGE Years Months Oays if LESS than 1 day, hrs. or min, or min,	22. I HEREBY CERTIFY, That I attended deceased from  They  1935, to They  1 last saw hard alive on May  7, 1935; death is said to have occurred on the date stated above, at /0:20 A.m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Other Contributary Causes of Importance;
12. BIRTHPLACE (city or town) Dult word Mill.  (Stata or country)	- Highesteraion -
13. NAME Willing  14. BIRTHPLACE (city or town) Structure  (Stata or country)	Name of operation
15. MAIDEN NAME Marie USS.  16. BIRTHPLACE (city or town) Germany  (State or country)  17. INFORMANT Wife	23. If death was dua to external causes (VIOLENCE) fill In also the following:  Accident, suicide, or homicide?
18. BURIAL, CAEMATION, OR BENOVAL Place  Date  Date  19.	Manner of injury
19. UNDERTAKER TO SULLAN PLACE	24. Was disaase or Injury in any way related to occupation of decaased?  if so, specify  (Signad) Class. L. Ball Jr. M. O.
20. FILEO 7 9 1935 Registrar.	(Signad)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, ctc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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MARGIN RESERVED FOR BINDING

# HEALTH DEPARTMENT—CITY OF BALTIMORE 05149

0 1	(M)- CERTIFICAT	E OF DEATH
nen	1. PLACE OF DEATH Q. Q. S.	Registered No.
staten	CITY OF BALTIMORE: (No. Hasadena	Med St., Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
act	Length of residence in city or town where death occurred yrs	.mosds. How long in U. S. If of foreign birth?yrsmosds.
Ex	2. FULL NAME Mary C. Woods	
9	(a) Paridamen Na	C+ Word
ine	(a) Residence: No. (Usual place of abode)	St.,
lass e.	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
erly c	3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)	21. DATE OF DEATH (month. day, year) / 1935  22 I HEREBY CERTIFY, That I attended deceased from
proper of cert	5a. If married, widowed, or divorced \( \)	May 94, 138, to May 154, 1931
	HUSBAND of Framis J. Woods	I iast saw har alive on May 11 192 Death is said
y be	6. DATE OF BIRTH (month, day, year) Lan 16. 1860	to have occurred on the date stated above, at
ma on b	7. AGE Years Months Days If LESS than	The principal csuse of death and related causes of importance were as follows:
it it	75 3 29 1 day,hrs.	Muse of the state
hat	8. Trade, profession, or particular kind of work done, as spinner,	Myscora is, sirens, seems
so is	sawyer, bookkeeper, etc	with decompensation
ins,	work was done, as silk mill, saw mill, bank, etc.	Semilitie
tern See	10. Date deceased fast worked at this occupation (month and year)  year)	Other contributory causes of importance:
plain tant.	12. BIRTHPLACE (city or town) Balton Med	
H in	# 13. NAME Francis Ballman	Name of operation None Date of
SAT ry in	14. BIRTHPLACE (city or town)	What test confirmed diagnosis 24 Q was there an autopsy?
F DI	15. MAIDEN NAME antionette Kera	23. If death was due to external causes (violence) fill in also the following:  Accident, suicide, or homicide?Date of injury
SEC	16. BIRTHPLACE (city or town)	Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public
CAU	17. INFORMANT Jank Woods	place
CO	18. BURIAL, GREMATION, OR REMOVAL	Manner of injury
sta OC	Place Holy Redeemer Date 19	Nature of injury
	Le 1091 Dlait-10	24. Was disease or injury in any way related to occupation of deceased
T	19. UNDERTAKER AND STATE OF THE	If polyposity
100	20. FILED / - /V 19 35 7. a. B. W.	(Signed) M. D
>	Registrar.	(Address) f Trooping ff

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business avoid the use of such general terms as "store," "factory," "mill," etc. State the

particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago		
Other contributory causes of importance:	May 1, 1923	Other contributory causes of importance:  Gastroenteritis	1 year		

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M. D. B. 1268-9	*	E.	*	